

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 13, 2008 8:00 A.M.**  
**Secretary of State**

**DOCUMENT # P05000114372**

1. Corporation Name

R.J. Towing, Recovery & Transport Inc.

02/07/08 01051 009 \$450.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

1670 N.W. 43 Street

Suite, Apt. #, etc.

City & State

Oakland Park Florida

Zip

33309

Country

U.S.A.

3. Mailing Office Address

1670 N.W. 43 Street

Suite, Apt. #, etc.

City & State

Oakland Park Florida

Zip

33309

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

8/17/2005

5. FEI Number  
20-3284760

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Terence G. Knowles Jr.

Street Address (P.O. Box Number is Not Acceptable)

1670 N.W. 43 street

Suite, Apt. #, Etc.

City

Oakland Park

State

FL

Zip Code

33309

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 2/6/2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Martha Knowles	1670 N.W. 43 Street	Oakland Park, Florida 33309
V	Terence G. Knowles Jr.	1670 N.W. 43 Street	Oakland Park, Florida 33309

REINSTATEMENT 06-08<sup>KS</sup>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Terence G. Knowles Jr. 2/6/2008

954-446-4245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Received Time Feb. 12. 1:37PM