## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000150842  I AT TOWNING & RECOVERY INC.    2006 DEC 20 PH 2:11   2721 SW 74 AVE   MANUEL 33155	·	KEINƏIA	7 1 CIAICIA I						
1721 SV 774 AVE MAMI, FL 33155  SURE, Apt. # ord:  Ciry & State  Ciry &	1. Entity Name						<b>2</b> 006 D	EC 20 PM	it-all
Suite, Apr. 4, etc.    Suite, Apr. 4, etc.	1721 SW 74 AVE	ess	1721 SW 74 AVE				SECR TALLA	ETARY OF SI HASSEE FLO	: II ATE RIPA
City & State  Ci	Principal Place of Business     3. Mailing Address								
2/p Country 2/p Country 2/p Country 5. Certificate of Status Descer	Suite, Apt. #, etc.		Suite, Apt. #, etc.			12152008	REIN-P	· · · · · ·	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this attalement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the Delta Address of New Pages agent.  8. The above named entity submits this attalement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the Delta Agent agents agent.  8. The above named entity submits this attalement for the purpose of changing its registered Agent agents agent, or both, in the State of Florida. I am familiar with, and accept the Delta Agent agents agent, or both, in the State of Florida. I am familiar with, and accept agent.  8. The above named entity submits this attalement for the purpose of changing its registered Agent agents registered agent, or both, in the State of Florida. I am familiar with, and accept agents.  8. The above named entity submits this attalement for the purpose of changing its registered Agent agents registered agent, or both, in the State of Florida. I am familiar with, and accept agents.  8. The above named entity submits this attalement for the purpose of changing its registered Agent agents registered agent, or both, in the State of Florida. I am familiar with, and accept agents.  8. The above named entity submits this attalement for the purpose of changing its registered Agent agents.  9. The Agents Accepted agents agents.  9. The Agents Accepted agents agents.  9. The Agents Accepted agents.  9. The Agents Accept	City & State		City & State			4. FEI Numbe	-19411	80 Ju	ot Applicable
RODRIGUEZ, JORGE 1721 SW 74 AVE MIAMI, FL, FL 33155  8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, end accept into obligations of registering agent.  8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, end accept into obligations of registering agent.  8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, end accept into obligations of registering agent.  8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, end accept into obligations of registering agent.  8. The above named entity submiss into statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, end accept into obligations of registered agent.  8. The ADVITIONS CHANGES TO Proceed with a . 507.192(J(b), F.S., the corporation did not receive the prior reduce.  9. The accordance with a . 507.192(J(b), F.S., the corporation did not receive the prior reduce.  10. The accordance with a . 507.192(J(b), F.S., the corporation did not receive the prior reduce.  10. The accordance with a . 507.192(J(b), F.S., the corporation did not receive the prior reduce.  10. The accordance with a . 507.192(J(b), F.S., the corporation did not receive the prior reduce in the accordance with a . 507.192(J(b), F.S., the corporation did not receive the prior reduce.  10. The accordance with a . 507.192(J(b), F.S., the corporation did not receive the prior reduce.  10. The accordance with a . 507.192(J(b), F.S., the corporation did not receive the prior reduce.  10. The accordance with a . 507.192(J(b), F.S., the corporation did not receive the p					itry	5. Certificate of Status Desired Fee Required			
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Flocida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocida. I am familiar with, and accept the obligations of the obligations of registered agent, or both, in the State of Flocida. I am familiar with, and accept the obligations of the obligation of the oblig	RODRIGUEZ, JOF 1721 SW 74 AVE	RGE	Keĝizistao Aĝalit	<u> </u>	Street Address	(P.O. Box Numb	er is Not Acceptable)	ENS -	ie } ~ ~ ~
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NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered  SIGNATURE:	NAME STREET ADDRESS		☐ Delcte	NA Sti	ME REET ADDRESS			☐ Change	Addition:
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