

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000008347

**FILED**  
**Oct 22, 2009**  
**Secretary of State**

**Entity Name:** PORRAS TOWING SERVICES, INC.

**Current Principal Place of Business:**

10000 NW 80 COURT APT 2429  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

10090 NW 80 COURT APT 1247  
HIALEAH GARDENS, FL 33016

**Current Mailing Address:**

10000 NW 80 COURT APT 2429  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

POBOX 126861  
HIALEAH, FL 33012

**FEI Number:** 20-4153748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PORRAS, EFRAIN  
10000 NW 80 COURT APT 2429  
HIALEAH GARDENS, FL 33016 US

**Name and Address of New Registered Agent:**

PORRAS, EFRAIN  
10090 NW 80 COURT APT 1247  
HIALEAH GARDENS, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EFRAIN PORRAS

10/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PORRAS, EFRAIN  
Address: 10000 NW 80 COURT APT 2429  
City-St-Zip: HIALEAH GARDENS, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PORRAS, EFRAIN  
Address: 10090 NW 80 COURT APT 1247  
City-St-Zip: HIALEAH GARDENS, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EFRAIN PORRAS

P

10/22/2009

Electronic Signature of Signing Officer or Director

Date