

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 11 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000065319

1. Corporation Name

MIAMI-DADE WRECKERS CORP.

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

16205 SW 117TH AVENUE

Suite, Apt. #, etc.

Unit # 16

City & State

Miami, Florida

Zip

33157

Country

USA

3. Mailing Office Address

16205 SW 117TH AVENUE

Suite, Apt. #, etc.

Unit# 16

City & State

Miami, Florida

Zip

33157

Country

USA

000163541360
12/11/09--01041--008 ***300.00

REINSTATEMENT CR2E081 (11/09) 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

05-09-2006

5. FEI Number
711003971

☐ 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

Eric J Gonzalez

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

16205 SW 117TH AVE

Suite, Apt. #, Etc.

Unit # 16

City

Miami

State

FL

Zip Code

33157

☒ 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

REGISTERED AGENT MUST SIGN

Date

12/10/09

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	Eric J Gonzalez	16205 sw117th Ave	Miami, FL 33157
VP	Angel H Rivas	9840 sw 164 Terrace	Miami, FL 33157

10. E-mail Address: EJT72780@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Eric J Gonzalez -President

12/10/09

305-910-7881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #