

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 23 PM 3:04

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD7000041085

1. Corporation Name

SPEEDY MOBILE TOWING INC

REINSTATEMENT

500176176925

04/19/10 01003 025 \$ 450.00

CR2E081 (4/10)

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

1606 NORTH 45<sup>TH</sup> ST

Suite, Apt. #, etc.

3. Mailing Office Address

1606 NORTH 45<sup>TH</sup> ST

Suite, Apt. #, etc.

City &amp; State

FORT PIERCE FL

City &amp; State

FORT PIERCE FL

Zip

34947

Country

U.S.

Zip

34947

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/2007

5. FEI Number

562635080

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$875 Additional Fee is required  
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARLISS PHILLIPS

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

1606 NORTH 45<sup>TH</sup> ST

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34947

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

CARLISS PHILLIPS

REGISTERED AGENT MUST SIGN

Date

4/22/2010

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
PRES	CARLISS PHILLIPS	1606 NORTH 45 <sup>TH</sup> ST	FORT PIERCE FL 34947

M. MILLIGAN  
EXAMINER

APR 23 2010

10. E-mail Address: carlisspc@aol.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:

CARLISS Y. PHILLIPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2010

Date

(772) 21-3330

Daytime Phone #