

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000042669

1. Corporation Name

Rush Hour Wrecker Inc.

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

1445 S.W. 122AV

Suite, Apt. #, etc.

#4

City & State

MIAMI FL

Zip

33184

Country

3. Mailing Office Address

1445 S.W. 122AV

Suite, Apt. #, etc.

#4

City & State

MIAMI FL

Zip

33184

Country

7. Name and Address of Current Registered Agent

Name

Eddy Hernandez

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

1445 S.W. 122AV

Suite, Apt. #, Etc.

#4

City

MIAMI FL

State

FL

Zip Code

33184

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

Eddy

REGISTERED AGENT MUST SIGN

Date

10/23/09

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	Eddy Hernandez	1445 S.W. 122AV #4	MIAMI FL 33184

800162222518  
10/27/09--01019--003 \*\*300.00

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:

Eddy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/09

Date

Daytime Phone #

FILED

09 OCT 27 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

800162222518  
10/27/09--01019--003 \*\*300.00

REINSTATEMENT 08-09

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

4/05/07

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.