


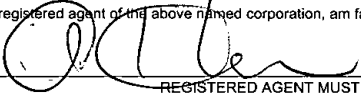
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000069127			
1. Corporation Name H & H TOWING AND WRECKER SERVICE CORP.			
2. Principal Office Address 17680 S. Dixie Hwy. Suite, Apt. #, etc. City & State Miami, FL Zip 33157		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country U.S.A.	

FILED
01 SEP 12 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65044203	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ANTHONY HERRERA	300004602599-6 -09/20/01--01051--04 ****900.00 ****900.00
Street Address (P.O. Box Number is Not Acceptable) 13925 S.W 157th Street	
Suite, Apt. #, Etc.	
City Miami	State FL
	Zip Code 33157

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 	Date 9/10/01
REGISTERED AGENT MUST SIGN	

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
DP	ANTHONY HERRERA	13925 SW 157 St.	Miami, FL 33157
S	MICHELLE S. FREEMAN	13925 SW 157 St.	Miami, FL 33157

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/01

Date

(305) 233-2001

Daytime Phone #

CR2E081 (9/00)