PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC 18 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074735

1. Corporation Name

SISTERS TOWING & TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
6907 SOUTHERN BOULEVARD WEST PALM BEACH FL 33413-1629	6907 SOUTHERN BOULEVARD WEST PALM BEACH FL 33413-1629

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/27/1993

5. FEI Number: 65-0462336 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	BROCHARD, LEILANI L	4710 HUNTING TRAIL	LAKE WORTH FL 33467
VPD	DAY, MAUREEN M	11383 PERSIMMON BLVD.	ROYAL PALM BEACH FL 33411
TD	HANNAH, ELEANOR	11097 TANGERINE BLVD.	WEST PALM BEACH FL 33412
SD	CIANFRONE, MICHELE M	~~1512 WINGATE WAY~~ 13823 GERANIUM PLACE	~~DUNWOODY GA 30350~~ WEST PALM BEACH, FL 33414
			800002724328-8 -12/29/98--01016--015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BROCHARD, LEILANI L. 4710 HUNTING TRAIL LAKE WORTH FL 33467	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (9/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Leilani Brochard REQUIRED — REGISTERED AGENT MUST SIGN

Date: November 28, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.) NB 98

12. 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: Leilani Brochard REQUIRED November 28, 1998 (561) 471-1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LEILANI BROCHARD