

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P94000051836**

1. Corporation Name

TROPICAL TOWING & RECOVERY, INC.

Principal Place of Business

578 E 9TH ST
HIALEAH FL 33010

Mailing Address

578 E 9TH ST
HIALEAH FL 33010

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

07/13/1994

5. FEI Number

65-0504819

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
D	GARCIA, JOSE A	645 SE 6TH PL	HIALEAH FL 33010

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARCIA, JOSE A
578 E 9TH ST
HIALEAH FL 33010

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1-13-99

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.)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-13-99

Daytime Phone #

305-887-

7737

FILED

99 JAN 22 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (9/93)

TROPICAL TOWING & RECOVERY, INC.
598 East 9 Street
Hialeah, Florida 33010

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January 13, 1999

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 6327
Tallahassee, FL 32314

Ref.: Tropical Towing & Recovery, Inc.
P94000051836

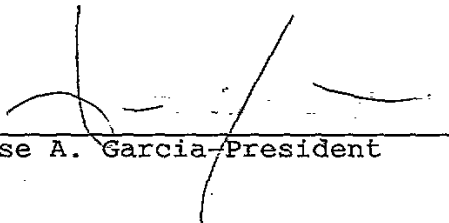
Dear Sir (Madam):

I called your office and spoke to Mr. Shaun Logan who explained to me that for this year the penalty would be waived if I explained in writing that I had not receive my Annual Report.

I did not receive my Annual Report. The reason is as follows:
In order to minimize expenses from November 1997 to July 15, 1998, my business address was 3283 East 10 Ave., Hialeah, Florida 33013. I had arranged with the post office to have my mail forwarded and asked the new occupant to notify me if they received any of my mail but despite these precautions the Report was lost. I did receive your Application For Reinstatement since I returned to my original location.

Enclosed please find my Corporation Annual Report-Application For Reinstatement and a check for \$300. Thank you very much for your cooperation and please accept my apology for this inconvenience.

Sincerely,



Jose A. Garcia-President