

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -4 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075513

1. Corporation Name

SOUTH EXPRESS TOWING SERVICES INC

Principal Place of Business

Mailing Address

649 SW 92nd COURT
MIAMI FL. 33174

649 SW 92nd COURT
MIAMI FL. 33174

700001993887--4
-11/08/96--01017--009
***375.00 ***375.00

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

REINSTATEMENT *ab*

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/02/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 45-0610580	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Zip	Country	Zip	Country		

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D-P	FAIZALO, ALBERTO	649 SW 92nd COURT	MIAMI FL 33174
A	FAIZALO, TERESA	649 SW 92nd COURT	MIAMI FL 33174

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FAIZALO ALBERTO 649 SW 92nd COURT MIAMI FL. 33174		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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]* Date 11-1-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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]* D-PRSS. 11-1-96.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #