

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT -8 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086875

1. Corporation Name

Glen,s Wrecker Service, Inc.

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

Highway 90 West, Macclenny

Suite, Apt. #, etc.

City & State

Glen St. Mary, Fl.

Zip

32040

Country

USA

3. Mailing Office Address

P.O. Box 1027

Suite, Apt. #, etc.

City & State

Glen St. Mary, Fl.

Zip

32040

Country

USA

REINSTATEMENT 07-08
CR2E081 (10/08)

4. Date Incorporated or Qualified

To Do Business in Florida 11/30/1994

5. FEI Number

593287978

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DEAS, WILLIAM J. Miracle, Veatrice Crockett

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

2215 RIVER BLVD - 351 S. College St

Suite, Apt. #, Etc.

City

JACKSONVILLE Macclenny

State

FL

Zip Code

32204

32063

☐ 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.

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

Veatrice Crockett Miracle

Date 10/6/08

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
DPT	MIRACLE, VEATRICE CROCKETT	351 S. COLLEGE ST	MACCLENLY, FL. 32063
V1S	LUNDQUIST, TAMMY F.	6896 MILTONDALE ROAD	MACCLENLY, FL. 32063
V2	MCINARNAY, CARMIE	11847 FAYE ROAD	MACCLENLY, FL. 32063

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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:

Veatrice Crockett Miracle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/08

Date

904-259-7618

Daytime Phone #