

1-18-95  
**P9500005203**

Charter Number Only

*Therese S. Kase*  
Requester's Name  
*39 N.W. 166 Street*  
Address  
*North Miami Beach, FL 33169*  
City State ZIP Phone

*944-3864*

RECEIVED  
DIVISION OF CORPORATION  
VALIATION ONLY

200001385542  
-01/20/95--01061--011  
\*\*\*\*122.50 \*\*\*\*122.50

**CORPORATION(S) NAME**

*Discount WRECKER SERVICES, Inc.*

FILED  
JAN 20 PM 2:08  
TALLAHASSEE, FLORIDA

 **FLORIDA DEPARTMENT OF STATE**  
Toll Free: 1-800-432-3028

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Foreign            | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution        | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reservation         | <input type="checkbox"/> Certified Copy     | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Photo Copies        | <input type="checkbox"/> Call When Ready    | <input type="checkbox"/> After 4:30                 |
| <input type="checkbox"/> Call If Problem     | <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Mail Out                   |
| <input type="checkbox"/> Will Wait           | <input checked="" type="checkbox"/> Pick Up |   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

H. SIMS JAN 20 1995

**CERTIFIED COPY**

## ARTICLES OF INCORPORATION

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida providing for the formation, liability, rights, privileges and immunities of corporations for profit.

### ARTICLE I. NAME

The name of this Corporation shall be:

DISCOUNT WRECKER SERVICE, INC

### ARTICLE II. NATURE OF BUSINESS

This Corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

### ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any time is FIVE HUNDRED (500) shares of common stock, of ONE DOLLAR (\$1.00) par value.

### ARTICLE IV. INITIAL CAPITAL

The amount of capital with which this Corporation will begin business will not be less than ONE HUNDRED DOLLARS (\$100.00).

### ARTICLE V. TERM OF EXISTENCE

The Corporation is to have perpetual existence.

### ARTICLE VI. ADDRESS

The initial street address in the State of the principal office of the Corporation shall be:

5570 NW 84th Avenue  
Miami, Florida 33166

FILED  
95 JAN 20 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Articles of Incorporation, Continued**

The Board of Directors may, from time to time, move the principal office to any other address in Florida.

**ARTICLE VII. INITIAL BOARD OF DIRECTORS**

This Corporation shall have one Director(s) initially.

The number of Directors may be either increased or diminished by the Bylaws adopted by the Shareholders but shall never be less than one. The name and address of the initial Director(s) of this Corporation:

MIQUEL A. FERNANDEZ  
825 W. 71 Street  
Hialeah, Florida 33014

**ARTICLE VIII. INCORPORATOR**

The names and addresses of the Incorporators:

MIQUEL A. FERNANDEZ  
825 W. 71 Street  
Hialeah, Florida 33014

**ARTICLE IX. BYLAWS**

The power to adopt, alter, amend or repeal Bylaws shall be vested in the Board of Directors and Shareholders.

**ARTICLE X. AMENDMENT**

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment to them, and any right conferred upon the Shareholder in subject to this reservation.

Articles of Incorporation, Continued

ARTICLE XI. SUB-CHAPTER S CORPORATION

This Corporation may be a Sub-Chapter S Corporation, as defined by the Internal Revenue Code.

IN WITNESS WHEREOF, the undersigned, as subscribing Incorporators, have hereunto set our hands and seals this 18 day of JANUARY, 1991, for the purpose of forming this Corporation under the laws of the State of Florida, and hereby make and file in the office of the Secretary of the State of Florida these Articles of Incorporation, and certify that the facts herein stated are true.

  
\_\_\_\_\_  
President: MIQUEL A. FERNANDEZ

STATE OF  
COUNTY OF

SWORN TO AND SUBSCRIBED BEFORE ME THIS 18 DAY OF JANUARY, 1991.

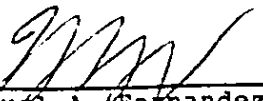
  
\_\_\_\_\_  
NOTARY PUBLIC

OFFICIAL NOTARY SEAL HARVEY S. KASE NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC403656 MY COMMISSION EXP. AUG. 28, 1998
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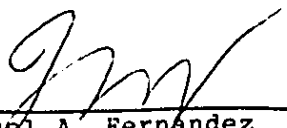
ARTICLES OF INCORPORATION, CONTINUED

ARTICLE XII, REGISTERED AGENT AND REGISTERED OFFICE

The Registered Agent, Miquel A. Fernandez, located at  
5570 NW 84th Avenue, Miami, Florida 33166, accepts this  
position as signed below:

  
\_\_\_\_\_  
Miquel A. Fernandez

The Registered Office will be located at, 5570 NW 84th Ave  
nue, Miami, Florida 33166

  
\_\_\_\_\_  
Miquel A. Fernandez

FILED  
95 JAN 20 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
FILED

96 DEC 18 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 95000005203**

1. Corporation Name

**DISCOUNT WRECKER SERVICE, Inc.**

Principal Place of Business

Mailing Address

**9001C NW 97th Terrace  
MEDLEY, FLORIDA 33178**

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 Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**JANUARY 20, 1995**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number  
**65-0551583**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MIQUEL A. FERNANDEZ	825 W 71 Street,	Hialeah, Fl. 33014

**200002033472--6**  
**-12/19/96--01027--017**  
**\*\*\*375.00 \*\*\*375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MIQUEL A. FERNANDEZ  
9001-C NW 97th Terrace  
Medley, Florida 33178**

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

REGISTERED AGENT MUST SIGN

Date **12-6-96**

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 re-  
lease 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-6-96**

Date

**887-5766**

Daytime Phone #

CRS 2040 (12/95)

P9500005203

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

May 28, 1997

E.F.J., INC.  
9301 NW 31ST PLACE  
SUNRISE, FL 33351

SUBJECT: E.F.J., INC.  
Ref. Number: P95000055203

Debit Memo #: 8297-P

This is to inform you that check #10551 in the amount of \$165.00 submitted with the annual report for E.F.J., INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$180.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after July 28, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey  
Accountant I

Letter Number: 297A00028870