

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P95000022081

1. Corporation Name

HIGH TECH TOWING SERVICE, INC.

Principal Place of Business

15599 W. DIXIE HWY
NORTH MIAMI BEACH FL 33162
US

Mailing Address

15599 W. DIXIE HWY
NO MIAMI BEACH 33 33162
US

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

03/17/1995

5. FEI Number

65-0563819

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)

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
PD	VIZCAINO, JORGE A	15275 NORTH EAST 21ST AVENUE 1640 NE 137 TERR.	NORTH MIAMI BEACH FL 33162 N. Miami, FL 33181
			400002284914-0 -12/29/97-01123-024 ****750.00 ****750.00

REINSTATEMENT 1997

G. Alan
12/20/97

8. Name and Address of Current Registered Agent

DAMS, RONALD L. P.A.
SUITE 407, SKYLAKE BANK BUILDING
1850 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

Name Jorge Vizcaino
Street Address (P.O. Box Number is Not Acceptable)
1640 NE 137 TERRACE
Suite, Apt. #, Etc.
City North Miami State FL Zip Code 33162

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]

REGISTERED AGENT MUST SIGN

Date

12-4-97

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-97

Date

305-919-8244

Daytime Phone #

CRPD40 (8/97)