

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 JAN -2 AM 11:30

SECRETARY OF STATE
JIM SMITH
TALLAHASSEE FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000054439

TOP CAT TOWING SERVICE, INC.
4750 N.W. 179th St.
Carol City, FL. 33055

2. If Address Block is incorrect in any way, enter the correct address below:

Address

4750 N.W. 179th St.
City and State Zip Code

Carol City, FL. 33055

3. If Principle Office Address is different from mailing address, enter address below:

Address

N/A

REINSTATEMENT

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

Florida

5. FEI Number

65 - 0597840

FEI Number Applied For

FEI Number Not Applicable

6.

\$3.75 Additional Fee required for a Certificate of Status

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	Cassandra Harley	4750 N.W. 179th St.	Carol City, FL. 33055
			200002048572--6 -01/07/97--0112--022 ****375.00 ****375.00

REGISTERED AGENT INFORMATION

9. If changed, new registered agent / office

Name

8. Name and Address of Current Registered Agent

Cassandra Harley
4750 N.W. 179th St.
Carol City, FL. 33055

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State
FL.

Zip

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

Cassandra Harley
REGISTERED AGENT MUST SIGN

Date Dec. 27, 1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. 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 of Officer or Director

Cassandra Harley

Date 12-27-96

Daytime Phone # (305) 620-0792

CR2E040 (8/92)