

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 18 PM 12:34

DOCUMENT # P 95000096451

1. Corporation Name
RAYMOND TOWING & TRANSPORT SERVICES, INC.

2. Principal Office Address
17450 N.W. 81 AVE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State
SAME

Zip
33015

Country

Zip

Country

REINSTATEMENT 99-011

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0629760

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
RAFAEL A. ACOSTA

Street Address (P.O. Box Number is Not Acceptable)
17450 N.W. 81 AVE

900003278269-1
-06/06/00--01061--018
***900.00 ***900.00

Suite, Apt. #, Etc.

City
HIALEAH

State
FL

Zip Code
33015

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
Rafael Acosta
REGISTERED AGENT MUST SIGN

Date
5-15-00

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
<u>P/T/S</u>	<u>RAFAEL A. ACOSTA</u>	<u>17450 NW 81 AVE</u>	<u>HIALEAH FL 33015</u>

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 under section 119.07(3)(i), 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: Rafael Acosta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00 305-389-1579
Date Daytime Phone #

CR2E081 (9/99)