

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

PA600013061

1. Corporation Name

ALTON, TOWING, INC.

Principal Place of Business

Mailing Address

*1333 DADE BLVD.
MIAMI BEACH, FL 33139*

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

REINSTATEMENT *98-99*

4. Date Incorporated or Qualified
To Do Business in Florida

2-12-96

5. FEI Number

65-0642475

Applied For

Not Applicable

6.

NO

CERTIFICATE OF STATUS DECISION

Cancel

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
<i>PRESIDENT</i>	<i>FRANKISOO CARCASSES</i>	<i>1330 FLAMINGO WAY</i>	<i>MIAMI BEACH, FL 33139</i>
<i>V. PRES.</i>	<i>ALINA DURAN-CARCASSES</i>	<i>1330 FLAMINGO WAY</i>	<i>MIAMI BEACH, FL 33139</i>

*800003082458--1
-12/29/99--01008--008
***900.00 ***900.00*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

IRWIN H. LEVINE

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

1747 VAN BUREN ST # 950

Suite, Apt. #, Etc.

SUITE 950

City

HOLLYWOOD

State

FL

Zip Code

33020

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

Irwin Levine

REGISTERED AGENT MUST SIGN

Date *12-15-99*

11. This corporation owes 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)(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.

KE

SIGNATURE:

Irwin Levine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-99

Date

Daytime Phone #