PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted]

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

2001 well

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 25 AM 11:09

[redacted]

DOCUMENT # P96000022293

300004435593--8
-06/21/01--01084--012
****150.00 ****150.00

1. Corporation Name

C.D.S. TOWING & RECOVERY, INC

Principal Place of Business
1758 NE 205 TER.
North Miami Beach, FL
33179

Mailing Address
1758 NE 205 TER.
North Miami Beach, FL
33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1758 NE 205 TER.
Suite, Apt. #, etc.
City & State
Miami, FL.
Zip 33179
Country

3. New Mailing Office Address, If Applicable
1758 NE 205 TER.
Suite, Apt. #, etc.
City & State
Miami, FL.
Zip 33179
Country

4. Date Incorporated or Qualified To Do Business in Florida
03-12-96

5. FEI Number
65-0649360
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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| PD | AMARILYS. REMEDIOS | 1758 NE 205 TER. | North Miami Beach. FL 33179 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

300004435593--1
-06/21/01--01084--011
****300.00 ****300.00

SP

8. Name and Address of Current Registered Agent
AMARILYS REMEDIOS
1758 NE 205 TER
Miami, FL. 33179

9. Name and Address of New Registered Agent
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 4/25/01

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 fee 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:
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/25/01
(305) 653-3037
Daytime Phone #