

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

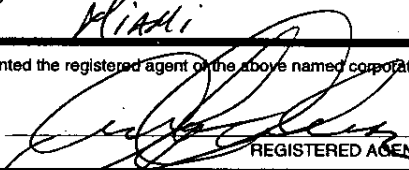
REINSTATEMENT
03-04

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #P 960000 222 93					
1. Corporation Name C.D.S. Towing & Recovery, Inc.					
2. Principal Office Address 17200 NW 2nd St. Suite, Apt. #, etc. City & State Miami, FL Zip 33169 Country USA			3. Mailing Office Address 20402 NE 15th St. Suite, Apt. #, etc. City & State Miami, FL Zip 33179 Country USA		

4. Date Incorporated or Qualified To Do Business in Florida 3/12/1996	
5. FEI Number 65-0649360	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Aurilya Reyes	700035778417
Street Address (P.O. Box Number is Not Acceptable) 20402 NE 15th St.	05/07/04--01085--005 **300 00
Suite, Apt. #, Etc.	
City Miami	State FL Zip Code 33179

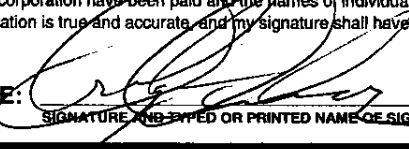
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 3/29/04

REGISTERED AGENT MUST SIGN

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
P	Aurilya Reyes	20402 NE 15th St. Miami	Miami, FL 33179
S	Aurilya Reyes	20402 NE 15th St.	Miami, FL 33179

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:  Date 3/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

20fz

LAW OFFICES OF

Elio Vazquez

CORAL WAY LAW CENTER
6780 CORAL WAY
(FIRST FLOOR)
MIAMI, FLORIDA 33155

TELEPHONE (305) 444-5567
(305) 261-4000
(305) 829-2236 (24 Hrs.)
FAX LINE (305) 669-2191

April 15, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: CDS Towing & Recovery, Inc.
Reinstatement Application

Dear Sir/Madam:

Enclosed please find application for corporation reinstatement in the above-referenced corporation. Please be advised that CDS Towing & Recovery, Inc. never received notice to file annual report due to relocation of offices wherein many documents were misplaced and/or lost. The undersigned requests the \$600.00 penalty fee for reinstatement be waived due to these circumstances. Kindly contact the undersigned to advise.

Thank you for your consideration in this matter.

Sincerely,


ELIO VAZQUEZ, ESQ.

EV/jo

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA