1 ~	PLEASE REA	D ALL INS	TRUCTIONS	BEFORE C	COMPLET	ING THIS FOI	RM.	
APF	PLICATION FOR		A DEPARTMEN Katherine Ha Secretary of Si	IT OF STATE rris			ILED IY OF STATE CORPORATIONS	
REINSTATEMENT			DIVISION OF CORPORATIONS			SIVISION OF	CORPORATIONS	
DOCU		000435	83	•		00 NOV 20	PH 4: 32	
ANGE	LO TOWING & AUTO	CLINIC, IN	IC.		ļ ļ			
Principal Place of Business Mailing A			dress					
/			25 plw. 32ND AVENUE					
MIAMI FL 33142 If above addresses are incorrect in any way, line through inc			incorrect information and enter correction below.		REINSTATEMENT Od			
New Principal Office Address, If Applicable New M			ailing Office Address, If Applicable 4. Date In		Date Incorp To Do Busin	orated or Qualified ness in Florida	05/44/4000	
Suite, Apt. #, etc. Suite, Apt. :			, etc.		5. FEI Numbe	r	05/14/1996 Applied For	
City & State City, & State			AMI VI. 6.			65-0698548 Not Applicable		
Zip	Country	Zip 3312	Country	A		E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Office							
Title(s)	Name of Officer and/or Director	Street Address of Each Officer and/or Director			4 City / State / Zip			
PD SANQUINTIN, RAFAEL			8 405 N.W. 7TH ST REET			MIAMI FL 33126		
			8407 NW 7th Sf.			MIANI F	. 33126	
			300003493339-			933391		
						-12/11/0001037022 ****758.7% ****758.75		
						***** CIU	Many	
							12	
	8. Name and Address of Cu	rent Registered A	9. Name and Address of New Registered Agent					
SANQUINTIN, RAFAEL Street Addr					SANDUINTIN (P.O. Box Number Is Not Acceptable) NW TH			
3825 N.W. 32ND AVENUE				8407 NW 77h St. Suite, Apt. # Etc.				
BAY / MIAM	A I FL 33142	7/	,	Kity M. a.	···		State Zip Code FL 33/26	
10. I, bein	g appointed the registered agent of the	e above named co	poration, am amiliadu	th and accept the	obligations of Sec	tion 607.0505, F.S.	()) / L	
Signature o Registered		REGISTERED A	GEN MUST SIGN	NRED		Date	10/00	
this rein	r that I am an officer or director or the nstatement application, the reason to y the corporation have been paid an application is true and accurate, and	r dissolution has bed If the names of indiv	en eliminated, the corpo viduals listed on this for	orate name satisfie: m do not qualify fo	s the requirement r an exemption ur	s of section 607.0401 or	r 617.0401, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Description Phone #								
	SIGNATURE AND ITEMA	AN FRATE NAME OF	JOHNS OFFICER OR I	JILLOYUN	/	/ Cale	Daywing a Hollo in	

0039245