

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # P960000 76520

1. Corporation Name

T.N.T. TOWING + RECOVERY

FILED

98 SEP 23 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8254 Banna Lane
West Palm Beach, FL 33411

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

4. Date Incorporated or Qualified To Do Business in Florida 0

9/9/96

5. FEL Number

FEI Number
650 395 078

Applied f or

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
P	Noel W. Samins	8254 Bama Lane	WPB , FL 33411
			B 9/23
		REINSTATEMENT	97-98
			700002649287--9 -09/25/98--01086--004 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

James T. Withrow
13619 49th Street North
Royal Palm Beach, FL 33411

Name Noel W. Samms
Street Address (P.O. Box Number is Not Acceptable) 13619 49th Street North
Suite, Apt. #, Etc. _____
City Royal Palm Beach State FL Zip Code 33411

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

at David W. Sierew
REGISTERED AGENT MUST SIGN

Date _____

9/22/98

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CASEY A. HARRIS