


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

00 NOV 13 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079815

1. Corporation Name

COLLECTION TOWING & RECOVERY, INC.

Principal Place of Business

Mailing Address

2325 WEST 60th STREET
STE 209
HIALEAH, FL 33016

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

2. New Principal Office Address, If Applicable
300 WEST 21 STREET

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL 33010

City & State

Zip

33010

Country

Zip

Country

REINSTATEMENT 97-00

4. Date Incorporated or Qualified
To Do Business in Florida 9/25/1996

5. FEI Number

65-1048865

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
P	MADLIN VALLES	300 WEST 21 STREET	HIALEAH, FL 33010
			200003450902--E -12/08/00--01008--001 ***200.00 ***200.00
			200003450902--E -12/08/00--01008--002 ***1000.00 ***1000.00

8. Name and Address of Current Registered Agent

WENDY A. HASAN
2325 WEST 60th STREET
STE 209
HIALEAH, FL 33010

9. Name and Address of New Registered Agent

Name

MADLIN VALLES

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

300 WEST 21 STREET

Suite, Apt. #, Etc.

City

HIALEAH

State
FL

Zip Code

33010

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

11/10/02

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 #