

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 16 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000042475**

1. Corporation Name

mem Towing Services, INC.

REINSTATEMENT 03-04

2. Principal Office Address

31133 Ave A.

Suite, Apt. #, etc.

3. Mailing Office Address

31133 Ave. A

Suite, Apt. #, etc.

City & State

Big Pine Key, FL

Zip

33043

Country

USA

City & State

Big Pine Key, FL

Zip

33043

Country

USA

07/03/03 90031 030 X 150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/1997

5. FEI Number

65-0797544

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Post

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

31133 Ave A

Suite, Apt. #, Etc.

BE

City

Big Pine Key

State

FL

Zip Code

33043

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

Michael Post

Date **8-12-04**

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	Post, Michael D	31133 Ave A	Big Pine Key, FL 33043
T	Dilger, Danielle E	31133 Ave A	Bg Pine Key, FL 33043

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:

Michael Post

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-04 305-872-1563

Date

Daytime Phone #

CR2001 (01/04)