

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000005384			
1. Corporation Name BIG POWER TOWING & RECOVERY, INC..			
2. Principal Office Address 6979 MEDITERRANEAN RD Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 278198 Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA		City & State MIRAMAR, FLORIDA	
Zip 32822	Country ORANGE COUNTY	Zip 33027	Country
4. Date Incorporated or Qualified To Do Business in Florida 01/20/1998		5. FEI Number 65-0809056	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
6.75- Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name LISSET CEPERO			
Street Address (P.O. Box Number is Not Acceptable) 6979 MEDITERRANEAN RD			
Suite, Apt. #, Etc.			
City ORLANDO		State FL	Zip Code 32822
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 <i>Lisset Cepero</i>		Date 10/10/2011	
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	LISSETT CEPERO	6979 MEDITERRANEAN RD	ORLANDO, FL 32822
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: <i>Lissett Cepero</i>		Date 10/10/2011	Daytime Phone # 305 502 0232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
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