

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

FILED

04 JAN -7 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000022971

1. Corporation Name

Country Walk Towing Service, Inc.

2. Principal Office Address

17125 SW 142 CT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33177

Country

DADE

3. Mailing Office Address

17125 SW 142 CT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33177

Country

DADE

REINSTATEMENT

0304

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0818521

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

OLGA BLANCO

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

17125 SW 142 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33177

800026345848

01/07/04-01034-013 **150.00

800026345848

01/07/04-01034-014 **150.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/5/04

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
Pres.	OLGA BLANCO	17125 SW 142 CT	MIAMI FL 33177

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/04

Date

305-389-9609

Daytime Phone #

CR2E081 (10/02)

15

2082

December 3, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: COUNTRY WALK TOWING SERVICE, INC.
P9800002299/71

To Whom It May Concern:

As per our telephone conversation with your agent, we are writing to you to request a one-time waiver to renew the above corporation, along with a \$1.50 payment for the year 2003, as instructed.

After speaking with your agent, we realized that the annual report had been mailed to the wrong address. Our business address is: 17125 S.W. 142 COURT, Miami, FL 33177.

We would appreciate any help you can provide. Thanking you for your consideration.

Sincerely,

Olga Blanco
President