

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -3 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **998000072323**

1. Corporation Name

Twin Towing Inc.

2. Principal Office Address

2595 NW 37 St.

Suite, Apt. #, etc.

Unit #8

City & State

Miami, FL

Zip

33142

Country

3. Mailing Office Address

2040 SW 80 Ct

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

REINSTATEMENT 00-03

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

08/18/98

5. FEI Number

65-0858688

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

Ricardo Lujardo

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

2040 SW 80 CT

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33155

600024386406

11/03/03-01097-024 **1200.00

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

Date **10/29/03**

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
PTD	Ricardo Lujardo	2040 SW 80 Ct	Miami, FL 33155
SO	Melissa Lujardo	2040 SW 80 Ct	Miami, FL 33155

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:

Ricardo Lujardo

10/29/03 (305) 992-6466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)