

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004-2005 Reinst.

\$ 900

FILED

05 DEC 13 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000073514

1. Corporation Name

ARON'S TOWING, INC.

2. Principal Office Address

~~4001 SE Commerce Ave~~

Suite, Apt. #, etc.

757 SE Monterey Road

City & State

Stuart FL

Zip

~~34997~~
34994

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

200062130762 0405

12/13/05 CR2E081 (8/05) 01036 010 - \$1,800.00

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

08/24/1998

5. FEI Number

65-0861665

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

ARON DAMES

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

13667 SE FLORA AVENUE

Suite, Apt. #, Etc.

City

HOBE SOUND

State

FL

Zip Code

33455

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

11/28/05

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	ARON DAMES	13667 SE Flora Avenue	HOBE SOUND FL 33455
S	"	"	"
T	"	"	"

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)(l), 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

11/28/05 772-220-1151

Date

Daytime Phone #