

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1032

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000009565

1. Corporation Name

EXPRESS AUTO TOWING, INC.

Principal Place of Business

18821 NW 52 AVE
CAROL CITY FL 33055

Mailing Address

18821 NW 52 AVE
CAROL CITY FL 33055

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/27/1999

5. FEI Number

65-0895499

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSVT	CASTELLANOS, EUGENIO V	18821 NW 52ND AVE	OPA LOCKA FL 33055

400008635104
10/28/02--01112--009 **150.00

8. Name and Address of Current Registered Agent

CASTELLANOS, EUGENIO V
18821 NW 52ND AVE
CAROL CITY FL 33055

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Eugenio V. Castellanos

SIGNATURE REQUIRED

Date 10-22-02

REGISTERED AGENT MUST SIGN

11. 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.

Eugenio V. Castellanos

SIGNATURE: SIGNATURE REQUIRED

10-22-02

305-623-0696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

This note is to let you

know, I never received

The Annual Report/Uniform
business report, I live
near a school, so maybe
it was taken from my
mail box.

I'm including a check
and I'm very sorry
about this problem.

My address is
18821 NW 52 Ave
Parsippany FL 33055

Phone 305-623-0696