


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 FEB 16 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **99000013205**

1. Corporation Name
JM & B Towing INC WI-4452

2. Principal Office Address - No P.O. Box #
2951 NW 71ST

3. Mailing Office Address
2951 NW 71ST

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip Country
33147 Dade

Zip Country
33147 Dade

500167369785
01/27/10--01099--022 **750.00
500167369785
01/27/10--01039--022 **750.00
CR2E081 (11/09) **7530**

4. Date Incorporated or Qualified To Do Business in Florida **2-8-99**

5. FEI Number **650940511** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

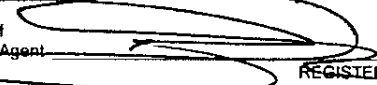
Name **Bertanicy Garcia**

Street Address (P.O. Box Numbers Not Acceptable)
1045 NW 27ST

Suite, Apt. #, Etc.
rear

City **Miami** State **FL** Zip Code **33127**

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 **2/8/10**

REGISTERED AGENT MUST SIGN

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

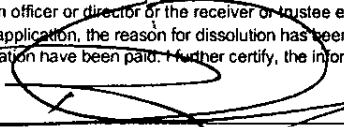
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Bertanicy Garcia	1045 NW 27ST rear	Miami FL 33127

REINSTATEMENT

RH

10. E-mail Address: _____ (To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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:  Date **2-8-10**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #