

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV 16 AM 10:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
DOCUMENT # 99000031748 1. Corporation Name PREMIER TRANSPORT + TOWING, INC.																													
2. Principal Office Address 1821 LYONS ROAD. Suite, Apt. #, etc. # 204.		3. Mailing Office Address 1821 LYONS ROAD Suite, Apt. #, etc. # 204		4. Date Incorporated or Qualified To Do Business in Florida 04/02/99. 5. FEI Number 650906091 Applied For ☐ Not Applicable ☒ 6. CERTIFICATE OF STATUS DESIRED ☐																									
City & State COCONUT CREEK, FL Zip 33063 Country BROWARD		City & State COCONUT CREEK, FL Zip 33063 Country BROWARD.																											
7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name CLIFF VAN-AM</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 1821 LYONS ROAD</td> </tr> <tr> <td colspan="2">Suite, Apt. #, Etc. # 204</td> </tr> <tr> <td>City COCONUT CREEK</td> <td>State FL Zip Code 33063</td> </tr> </table>						Name CLIFF VAN-AM		Street Address (P.O. Box Number is Not Acceptable) 1821 LYONS ROAD		Suite, Apt. #, Etc. # 204		City COCONUT CREEK	State FL Zip Code 33063																
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8. I, being appointed the registered agent of the above named corporation, am family or wife and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <i>Cliff Van Am</i> Date 11-14-01. REGISTERED AGENT MUST SIGN																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Officer and/or Director</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>CLIFF VAN-AM</td> <td>1821 LYONS ROAD</td> <td>COCONUT CREEK FL</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip	D	CLIFF VAN-AM	1821 LYONS ROAD	COCONUT CREEK FL																
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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 118.07(3)(D), 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: <i>Cliff Van Am</i> CLIFF VAN-AM. 11-14-01. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date																													

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Cliff Van Am
1821 Lyons Road, #204
Coconut Creek, FL 33063
(954)

November 14, 2001

Florida Department of State
Division of Corporation
P O Box 6327
Tallahassee, FL 32314

Ref.: CORPORATION REINSTATEMENT

Dear Sir,

The purpose of this letter is for Corporation Reinstatement of my present Corporation, PREMIER TRANSPORT & TOWING, INC. There was never a Notice or renewal letter from Tallahassee. Also, never a Notice that it was dissolved.

Sincerely,



Cliff Van Am
1821 Lyons Road, Apt. # 204
Coconut Creek, FL 33063