

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harkis**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JAN -3 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055587

**1. Corporation Name**

PEOPLES TOWING, INC.

**2. Principal Office Address**

90 S.W. 5th Street

Suite, Apt. #, etc.

**City & State**

Pompano Beach, FL

**Zip**

33060

**Country**

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**REINSTATEMENT**

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

6/19/99

**5. FEI Number**

65-0938201

**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**

MICHAEL D. HYMAN, ESQ.

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

11601 BISCAYNE BOULEVARD

**Suite, Apt. #, Etc.**

SUITE 201

**City**

NORTH MIAMI

State  
**FL**

**Zip Code**

33181

**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

*Michael D. Hyman*  
REGISTERED AGENT MUST SIGN

Date 12/28/00

**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	
PRES.	ROSE ARENA	3415 Pinewalk Drive	Margate, FL 33063
VP	MARY BIONDO	1150 Seaman's Neck Rd. Apt. "E"	Wantagh, NY 11793
Sc/Tre	DONNA PILALLIS	1001 S.E. 10th Street	Deerfield Beach, FL 33441

**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:**

*Rosa Arena*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/00

Date

954.943-6000

Daytime Phone #