

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 20 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000058599

1. Corporation Name

H J TOWING CORP

2. Principal Office Address

8007 W 6TH AVE.

3. Mailing Office Address

8007 W 6TH AVE.

Suite, Apt. #, etc.

#7E

Suite, Apt. #, etc.

#7E

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1999

5. FEI Number

65-0931313

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

JUAN R. DE LA CRUZ

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

8007 W 6TH AVE

Suite, Apt. #, Etc.

#7E

City

HIALEAH

State
FL

Zip Code
33014

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

Juan R. de la Cruz

REGISTERED AGENT MUST SIGN

Date 01/29/2003

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/V/S/T	JUAN R DE LA CRUZ	8007 W 6TH AVE., #7E	HIALEAH, FL 33014

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:

Juan R. de la Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/2003 305-342-9931

Date

Daytime Phone #

CR2E081 (10/02)