

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 8:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000097636

1. Corporation Name

GAMBOLI & CRIS TOWING, INC.

Principal Place of Business

7536 W. 5 LANE  
HIALEAH FL 33014

Mailing Address

7536 W. 5 LANE  
HIALEAH FL 33014

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

11/05/1999

5. FEI Number

65-0960307

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>PD</del>	<del>Perez, Argelio</del>	<del>7536 W. 5 LANE</del>	<del>HIALEAH FL 33014</del>
VP	DOMINGUEZ, RAFAEL	850 E 6TH ST	HIALEAH FL 33010
<del>SD</del>	<del>GARCIA, GISELA</del>	<del>7235 GLENEAGLE DRIVE</del>	<del>MIAMI FL 33014</del>

000008701210  
10/30/02--01034--007 \*\*150.00

8. Name and Address of Current Registered Agent

DOMINGUEZ, RAFAEL  
850 E 6TH ST  
HIALEAH FL 33010

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33014

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10-24-02

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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-02 786-229-4269

October 24, 2002

Division of Corporations  
Reinstatement Section

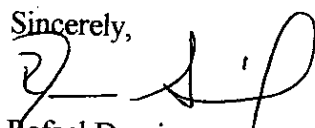
To Whom It May Concern:

By means of this I appreciate if you take in consideration the reinstatement of the Corporation. The reason why the original applications was not sent on time was because we never receive any documents prior to this package and also apparently the accountant That we used to have never take care of this.

Also I like to delete Mr. Argelio Perez and Gisela Garcia from the Corporation, and Mr. Dominguez will be the President and Secretary of the Corporation.

Please if you have any questions, do not hesitate to contact us at (305) 863-2249.  
Thank You for your attention to this matter.

Sincerely,



Rafael Dominguez

Ag/RD...