

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 25 PM 3:25

DOCUMENT # P99000109260

1. Corporation Name

WRECKERS HOLDING, INC.

2. Principal Office Address

7227 NW 74th Avenue

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country

33166

3. Mailing Office Address

7227 NW 74th Avenue

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country

33166

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

12/17/1999

5. FEI Number
65-0973664

Applied For
Not Applicable

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

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

STRICKROOT, JOHN C.

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

100 S.E. 2ND STREET, 17th FLOOR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

400004425824-8

-06/18/01--01158--005

****980.00 ****980.00

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

REGISTERED AGENT MUST SIGN

Date May 22, 2001

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
DPST	RECHTIEN, RICHARD C.	7227 NW 74 AVENUE	MIAMI, -FL 33166

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:

Richard C. Rechtién

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Rechtién 5-18-01

CR2E081 (9/00)