

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

THIS FORM AND FILED 1997 FEB -6 PM 11:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V00323

1. Corporation Name

DEANO TOWING, INC.

Principal Place of Business

Mailing Address

777 NW 106TH STREET MIAMI FL 33150

777 NW 106TH STREET MIAMI FL 33150



If above addresses are incorrect in any way, file through incorrect information and enter correct on below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/10/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0307078

Applied For Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for SALVOG, DEAN RANDALL and ALEJANDRO POIG.

200002081852--0 -02/07/97--01094--004 ***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

SALVOG, DEAN 2100 N.W. 135 COURT MIAMI FL 33167

9. Name and Address of New Registered Agent

Name ALEJANDRO POIG Street Address 3633 NW 9th STREET Suite, Apt. #, Etc. AA-18 City MIAMI State FL Zip Code 33125

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.

Signature of Registered Agent [Signature] Date 12/13/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No []

12. 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] Date 12/13/96 Daytime Phone # 757-7978

CP25040 (7/96)