

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 APR 15 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *V14676*
1. Corporation Name *ACE Recovery & Towing Co. Inc.*

Principal Place of Business Mailing Address
*13812 SW 144 AVE RD
MIAMI FLORIDA 33186*

REINSTATEMENT 97-98

If above addresses are incorrect in any way, line through incorrect information and enter correction 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State
MIAMI FL

Not Applicable

Zip

Country

Zip

Country

33116-1378 DADE

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	DANA LYNN Gonzalez	13812 SW 144 AVE RD	MIAMI FL 33186
VICE PRES	CARMALO Gonzalez	13812 SW 144 AVE RD	MIAMI FL 33186
TREASURER	DANA LYNN Gonzalez	13812 SW 144 AVE RD	MIAMI FL 33186
			900002494609--8 -04/21/98--01021--007 ****900.00 ****900.00
Corporate Secretary	CARMALO Gonzalez	13812 SW 144 AVE RD	MIAMI FL 33186

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*DALLAS LEUTER
13812 SW 144 AVE RD
MIAMI FLORIDA 33186*

Name *DALLAS LEUTER*
Street Address (P.O. Box Number is Not Acceptable)
13812 SW 144 AVE RD
Suite, Apt. #, Etc.
City *MIAMI* State **FL** Zip Code *33186*

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 *Dallas Leuter*
REGISTERED AGENT MUST SIGN

Date *4/3/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

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: *Dana Lynn Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/3/98* Pres. *305 6331666*
Daytime Phone #

CP22040 1-98