

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JUL 10 AM 8:11

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V28309**

1. Corporation Name

Pursell's Wrecker & Road Service, Inc.

**REINSTATEMENT 11-12**

2. Principal Office Address - No P.O. Box #

5173 NE Cubitis Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 327

Suite, Apt. #, etc.

City & State

Arcadia

City & State

Arcadia

Zip

FL

Country

DeSoto

Zip

FL

Country

USA

CR2F081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

04/1995

5. FEI Number

V28309

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

Horace H. Pursell

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

714 E. Maple Street

Suite, Apt. #, Etc.

City

Arcadia

State

FL

Zip Code

34266

800237298438  
07/10/12--01019--024 \*\*900.00

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

*Horace H. Pursell*  
REGISTERED AGENT MUST SIGN

Date

7/02/12

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	Horace H. Pursell	714 E. Maple St	Arcadia, FL 34266
VP	Horace H. Pursell	714 E. Maple St	Arcadia, FL 34266

JUL 21 2012

T. CAULEY

10. E-mail Address: ablewrecker@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Horace H. Pursell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/02/12

Daytime Phone #