



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503)986-2200  
Fax: (503)378-4381  
<https://sos.oregon.gov/business/>

**Assumed Business Name Reactivation**  
**Registry Number: 88024691**  
**Date of Registration: 09/05/2012**

MENDOZA BROS. TOWING

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit \$100 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative cancellation is 10/29/2020

The reason(s) for administrative cancellation has been eliminated or did not exist.

By: [Signature] Date: 2-21-21  
(Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry  
Corporation Division  
(503) 986-2200

**FILED: MAR 9, 2021**  
**OREGON SECRETARY OF STATE**



88024691-21974927

MENDOZA BROS. TOWING

REAABN



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MENDOZA BROS. TOWING

The following information is required by statute. Please complete the entire form. If any of the information is incorrect you can make changes on this form.

**Principal Place of Business:**  
(Physical Street Address)

~~2190 LIBERTY ST NE SALEM OR 97301~~  
4915 Auburn Rd NE Salem OR 97301

**Authorized Representative:**  
**Mailing Address:**

REYBEL RENATO MENDOZA ORTIZ  
2190 LIBERTY ST NE SALEM OR 97301

**Registrant(s) - Name(s) and Physical Address(es):**

CERVANDO MENDOZA ORTIZ ~~2190 LIBERTY ST NE SALEM OR 97301~~  
4915 Auburn Rd NE Salem OR 97301

**Counties:**

|                                    |                                    |                                     |                                  |                                    |                                     |
|------------------------------------|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> BAKER     | <input type="checkbox"/> CROOK     | <input type="checkbox"/> HARNEY     | <input type="checkbox"/> LAKE    | <input type="checkbox"/> MORROW    | <input type="checkbox"/> UNION      |
| <input type="checkbox"/> BENTON    | <input type="checkbox"/> CURRY     | <input type="checkbox"/> HOOD RIVER | <input type="checkbox"/> LANE    | <input type="checkbox"/> MULTNOMAH | <input type="checkbox"/> WALLOWA    |
| <input type="checkbox"/> CLACKAMAS | <input type="checkbox"/> DESCHUTES | <input type="checkbox"/> JACKSON    | <input type="checkbox"/> LINCOLN | <input type="checkbox"/> POLK      | <input type="checkbox"/> WASCO      |
| <input type="checkbox"/> CLATSOP   | <input type="checkbox"/> DOUGLAS   | <input type="checkbox"/> JEFFERSON  | <input type="checkbox"/> LINN    | <input type="checkbox"/> SHERMAN   | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> COLUMBIA  | <input type="checkbox"/> GILLIAM   | <input type="checkbox"/> JOSEPHINE  | <input type="checkbox"/> MALHEUR | <input type="checkbox"/> TILLAMOOK | <input type="checkbox"/> WHEELER    |
| <input type="checkbox"/> COOS      | <input type="checkbox"/> GRANT     | <input type="checkbox"/> KLAMATH    | <input type="checkbox"/> MARION  | <input type="checkbox"/> UMATILLA  | <input type="checkbox"/> YAMHILL    |

**Business Description:** (Primary business activity) TOWING CARS

**Signatures:** New registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.

By my signature, I declare as an authorizing authority, that this filing has been examined by me and is, to the best of my knowledge and belief true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

**Signature:**

**Contact Name:**

*[Signature]*  
Cervando Mendoza

**Signature:**

**Phone Number:**

503-269-10308

Make check payable to "Corporation Division" and mail to the address above.

Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.