

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
San Diego, California
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN -2 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003172

1. Corporation Name

ROAD RESCUE INCORPORATED

Principal Place of Business

6666 HARWIN DR
STE 170
HOUSTON TX 77036
US

Mailing Address

6666 HARWIN DR
STE 170
HOUSTON TX 77036
US

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

2. New Principal Office Address, If Applicable

1700 South El Camino Real
Suite, Apt. #, etc.
Suite 502
City & State
San Mateo, Ca
Zip
94402 Country
U S A

3. New Mailing Office Address, If Applicable

1700 South El Camino Real
Suite, Apt. #, etc.
Suite 502
City & State
San Mateo, Ca
Zip
94402 Country
U S A

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1993

5. FEI Number

76-0211807

Applied For

Not Applicable

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)

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
1	2	3	4
C	TAWHEEL, KEVIN	ROAD RESCUE INC, 1700 S EL CAMIN	SAN MATEO CA
PS	ELLIS, R J ROAD RE	1700 S EL CAMINO REAL	SAN MATEO CA
CFO	THOMAJAN, CHRISTOPHER R INC	1700 S EL CAMINO REAL	SAN MATEO CA
VPM	CLARK, WILLIAM R INC	1240 IROQUOIS AVE, STE 510	NAPERVILLE IL
D	DODSON, DAVID A	625 BODWELL ST EXTENSION, STE 60	AVON MA
D	OSTER, ROBERT	3000 SAN HILL RD, BLDG 3, STE 21	MENLO PARK CA

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

E.A. Wallace

E.A. Wallace, Ass't Secy

REGISTERED AGENT MUST SIGN

Date 4-9-99

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99 450 349-9401

Date Daytime Phone #

CR2E040 (9/98)