## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000149617

Entity Name: KLING TOWING & RECOVERY INC

203 E. GRIFFIN STREET

FRUITLAND PARK, FL 34731

Address: City-St-Zip: FILED Oct 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 833 CR 466A FRUITLAND PARK, FL 34731 **Current Mailing Address: New Mailing Address:** P O BOX 327 FRUITLAND PARK, FL 34731 FEI Number: 20-5973605 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLING, PAULA P 833 CR 466A FRUITLAND PARK, FL 34731 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: PAULA M. KLING Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KLING, DARRIN Name: Name: 833 CR 466A Address: Address: City-St-Zip: FRUITLAND PARK, FL 34731 City-St-Zip: Title: Title: () Change () Addition () Delete Name: KLING, PAULA P Name: 833 CR 466A Address: Address: FRUITLAND PARK, FL 34731 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: TRFA () Change () Addition KLING, CATHRYN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PAULA M KLING D 10/12/2007