

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 22 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749834

1. Corporation Name

Towing & Recovery Association of America Inc

2. Principal Office Address

2121 Eisenhower Ave

Suite, Apt. #, etc.

Suite 200

City & State

Alexandria VA

Zip

22314

Country

USA

3. Mailing Office Address

2121 Eisenhower Ave

Suite, Apt. #, etc.

Suite 200

City & State

Alexandria VA

Zip

22314

Country

USA

100039357971
07/21/04--01005--016 **420.00

REINSTATEMENT 01-01

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1979

5. FEI Number

59-1942901

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation SYSTEM

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

1300 So Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/28/04

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	William Giorgis	2522 Hess Ave	Saginaw, MI 48601
V	Dewey Farrington	1001 SW 3 rd	Oklahoma City, OK 73109
V	Scott Burrows	9340 US Rt 42 West	Reedley, KY 40055
T	Chuck Schmidt	1061 Northern Blvd	Roslyn, NY 11576
D	Harriet Cooley	2121 Eisenhower Ave, #200	Alexandria, VA 22314

10. 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:

Harriet S. Cooley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/04

Daytime Phone #

703-684-7713

CR2E081 (10/02)