

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -5 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F9600006890

1. Corporation Name

Towing and Recovery Insurance Group, Inc.

W01-22289

2. Principal Office Address

250 S. County Road 427

3. Mailing Office Address

250 S. County Road 427

Suite, Apt. #, etc.

Suite 118

Suite, Apt. #, etc.

Suite 118

City & State

Longwood, FL 32750

City & State

Longwood, FL 32750

Zip

Country

Zip

Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

72-1112353

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

Jones, Dave

200004701942-4
-11/30/01--01076-024

****306.25 ****306.25

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

250 S. County Road 427

Suite, Apt. #, Etc.

Suite 118

LS

City

Longwood

State

FL

Zip Code¹

32750

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

REGISTERED AGENT MUST SIGN

Date 11 Sep 2001

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	Dave Jones	250 S. County Road 427	Longwood, FL 32750
S	Michael P. McGovern	620 Market Street #650	Knoxville, TN 37902
TDC	Guy Benitez	241 AB Dugas Roadd	Lafayette, LA 70503
DC	Hal Borhauer	2901 W. Weldon Avenue	Phoenix, AZ 85017
D	Sam Sails	400 Kansas Avenue	Kansas City, KS 66105
D	Allen Price	201 Washington Street	Abbeville, SC 29620

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:

Dave Jones, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Sep 2001

Date

407-831-7763

Daytime Phone #

CR2E081 (9/00)