PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP -8 PM 12:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J96718

1. Corporation Name
ARROW TOWING & RECOVERY, INC.

REINSTATEMENT

AD
89-97

Principal Place of Business	Mailing Address
6503 E. BROADWAY TAMPA, FL 33619	P.O. BOX 1764 BRANDON, FL 33509-1764

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

2. New Principal Office Address, If Applicable
6503 E. BROADWAY
Suite, Apt. #, etc.
City & State: TAMPA, FL
Zip: 33619 Country: HILLSBOROUGH

3. New Mailing Office Address, If Applicable
P.O. BOX 1764
Suite, Apt. #, etc.
City & State: BRANDON, FL
Zip: 33509-1764 Country: HILLSBOROUGH

4. Date Incorporated or Qualified To Do Business in Florida: 10/9/87

5. FEI Number: 59-2853003 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	ROBERT T. MENNIGES	113 BARRINGTON DR.	BRANDON, FL 33511
V-PRES.	SALLY J. MENNIGES	113 BARRINGTON DR	BRANDON, FL 33511
SEC.	HELEN J. HOHN	10200 N. ARMENIA #330	TAMPA, FL 33612
TREAS.	ROBERT T. MENNIGES	113 BARRINGTON DR.	BRANDON, FL 33511

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8. Name and Address of Current Registered Agent
ROBERT T. MENNIGES
113 BARRINGTON DR.
BRANDON, FL 33511

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

CR2E040 (12/96)

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: Robert T. Menniges REGISTERED AGENT MUST SIGN Date: 9/2/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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: Robert T. Menniges Robert T. Menniges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/97 Date
813-622-9999 Daytime Phone #