PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **▼ AF PLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

K82194 DOCUMENT #

1. Corporation Name

EAU GALLIE TOWING & RECOVERY, INC.

Principal Place of Business

Mailing Address

1621 CYPRESS AVE P O BOX 360125

Suite, Apt. #, etc.

City & State

1621 CYPRESS AVE P O BOX 360125

Suite, Apt. #, etc.

City & State

MELBOURNE FL 32936-0125

2. New Principal Office Address, If Applicable

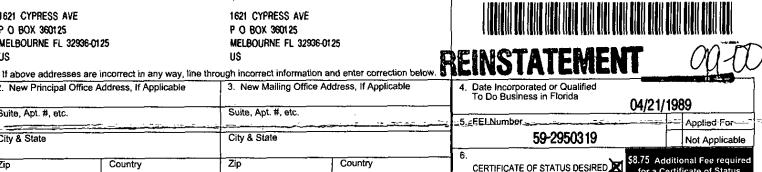
**MELBOURNE FL 32936-0125** 

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FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Zip Country Zip Country 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) Street Address of Each Name of Officers City / State / Zip Officer and/or Director Title(s) and/or Directors **MELBOURNE FL** BUSH, CAROL B 1621 CYPRESS AVE 700003327777--<del>- -07/19/00--01053--010</del> \*\*\*\*908.75 \*\*\*\*908.75

Name and Address of Current Registered Agent	Name and Address of New Registered Agent	
	Name	
BUSH, CAROL B 1621 CYPRESS AVE MELBOURNE FL 32935	Street Address (P.O. Box Number is Not Acce	ptable)
	Suite, Apt. #, Etc.	•
	City	State Zip Code

e registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S 10. I, being appointed to

Signature of Registered Agent REGISTERED AGENT MUST SIGN

11. 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.

Daytime Phone #