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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, L E D

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

97 JUL 28 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L03254

1. Corporation Name

ELITE TOWING SERVICE, INC.

REINSTATEMENT 90-97

Principal Place of Business

Mailing Address

7555 Saddle Creek Circle
Sarasota, Florida 34231

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/20/89

5. FEI Number

65-0131526

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒SB 79: 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 Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	McNEELY, ROGER	7555 Saddle Creek Circle	Sarasota, Florida 34231
D	McNEELY, SANDRA	7555 Saddle Creek Circle	Sarasota, Florida 34231
			4000002248794--2

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROGER McNEELY
7555 Saddle Creek Circle
Sarasota, Florida 34231

Name

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

Suite, Apt. #, etc.

City

State
FL

Zip Code

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

Roger B. McNeely

REGISTERED AGENT MUST SIGN

Date 7/25/97

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 taxes 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:

Roger B. McNeely

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger B. McNeely

Date 7/25/97

Daytime Phone #

2042



ACCOUNT NO. : 072100000032
REFERENCE : 476332 82467A
AUTHORIZATION : *Patricia Pygott*
COST LIMIT : \$ 1913.75

ORDER DATE : July 28, 1997
ORDER TIME : 9:38 AM
ORDER NO. : 476332-005
CUSTOMER NO: 82467A 400002248794--2
CUSTOMER: Stephen H. Kurvin, Esq
Stephen H. Kurvin, Esquire
7 South Lime Avenue
Sarasota, FL 34237

DOMESTIC FILINGS

NAME: ELITE TOWING SERVICE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap
EXAMINER'S INITIALS

97 JUL 28 AM 11:2
DIVISION OF CORPORATE
FILING
JB
7-28-97