

L03254

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

99 MAY -4 PM 2: 16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03254			
1. Corporation Name Elite Towing Service, Inc.			
Principal Place of Business 7555 Saddle Creek Cir. Sarasota, FL 34231		Mailing Address	
If above addresses are incorrect in any way, write through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable 1831 Nebraska		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State	
Zip 34231	Country Sarasota	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 7/20/1989		5. FEI Number 65-0131526	
Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
PVTD	Michael Gronow	1831 Nebraska	Sarasota, FL 34231
Sd	Leann Gronow	1831 Nebraska	Sarasota, FL 34231
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Roger McNeeley 7555 Saddle Creek Circle Sarasota, FL 34231		Name The Law Office of Chris M. Vorbeck, P. Street Address (P.O. Box Number is Not Acceptable) 1801 Glengary Street Suite, Apt. #, Etc. City Sarasota State FL Zip Code 34231	
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.		Date 4/30/99	
Signature of Registered Agent		REGISTERED AGENT MUST SIGN	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 name 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:		Date 4/30/99 441-991-0103	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

REINSTATEMENT 98-99

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