PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 APR -7 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000047900

500145989865
03/17/09--01010--002 **138.75

CR2E041 (10/08)

1. Limited Liability Company's Name

FASTWAY TOWING & RECOVERY LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4538 BUSTI DRIVE	4538 BUSTI DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34232 Country: USA	Zip: 34232 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 5/9/2006

6. FEI Number: 75-3215408 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. *Name and Address of Current Registered Agent*

Name: ZBIGNIEW FILIPOWICZ

Street Address (P.O. Box Number Is Not Acceptable): 4538 BUSTI DR.

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34232

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, *you are certifying the prior notices were* not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ZBIGNIEW FILIPOWICZ	4538 BUSTI DRIVE	SARASOTA, FL 34232
REINSTATEMENT		0709 DBruce	
			500145989865
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 3/6/09 Daytime Phone # (941) 377-9897

Typed or printed name of signing Managing Member/Manager ZBIGNIEW FILIPOWICZ