| PLEASE READ  | ALL INSTRU                | CHONS BEFORE C                                    | JUMPLE I I                                 | NG 1715 FURM.  |            |
|--|---------------------------|---|--|--|------------|
| LIMITED LIABILITY COMPANY REINSTATEMENT  | Secr                      | PARTMENT OF STATE retary of State of Corporations |  |  |            |
| DOCUMENT # L990000 4145  1. Limited Liability Company's Name   |                           |   |  |  |            |
| Watson's Towing, LLC   |                           |   | 07/  | +00058045684<br>29/0501051005 **308.00                                     |            |
| 2 Principal Office Address   | 3. Mailing Office Address |   |  |  | _          |
| 516 SW 15 St   | 3720 NW 43 5              |   | 4. State/Country of Formation              |  |            |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.       |   | FLonida<br>-5. Date Organized or Qualified |  |            |
| City & State   | Suite 100                 |   | To Do Business in Florida 7/8/99           |  |            |
| Sainesville Gainesville  |                           | sville  | 6. FEI Numbe                               | 205 ADOL -   | 1          |
| Zip Country  | Zip                       | Country   | 7.   | Not Applicable S5.00 Additional Fee require                                |            |
| 32601 Alachua  | 32606                     | usa   | CERTIFICATE                                | OF STATUS DESIRED 53.90 Additional Fee require for a Certificate of Status | ٥          |
| 8. Name and Address of Current Registered Agent  |                           |   |  |  |            |
| Name Edward L. Dugger  |                           |   |  |  |            |
| Street Address (P.O. Box Number is Not Acceptable)   |                           |   |  |  |            |
| 3720 NW 4319 S+ # 100 MSWW WILLIAM D2 + 05 Suite, Apt. #, Etc.   |                           |   |  |  |            |
| Outo, pp. #, ato.  |                           |   |  |  |            |
| Gainesville  |                           |   |  | FL 32606   | <b>=</b> ភ |
| 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 REGISTERED AGENT MUST SIGN  |                           |   |  |  |            |
| 10. Names and Street Addresses of Managing Members/Managers  |                           |   |  |  |            |
| Titles Name of Managing Members/Manag  | ers                       | Street Address of Each<br>Managing Member/Manager |  | City / State / Zip   |            |
| MGEM Jack J. Ca.   |                           | 211 west mar                                      |  | Raleigh, NC 72   |            |
| MGRM Edward L. I   | ougger 3                  | 3720 NW 43"                                       | 9 St # 100                                 | Gainesville FL 3260  |            |
|  |                           |   |  |  |            |
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|  | -                         |   | <del> </del>                               |  | 1          |
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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 past. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under path.  Signature of |                           |   |  |  |            |
| Managing Member/Manager Date 76 Daytime Phone # 332 377 7371   |                           |   |  |  |            |
| Typed or printed name of signing Managing Member/Manager Education Company Company Managing Member/Manager   |                           |   |  |  |            |