

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY -1 AM 10:18

DOCUMENT # 800200068479

1. Corporation Name

Magnum Towing, William K. Smith Recovery, Inc.

2. Principal Office Address - No P.O. Box #

1400 Grace Avenue

Suite, Apt. #, etc.

City & State

Panama City, Florida

Zip

32401

Country

USA

3. Mailing Office Address

1400 Grace Avenue

Suite, Apt. #, etc.

City & State

Panama City, Florida

Zip

32401

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

07-18-2000

5. FEI Number  
59-3666160

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Smith, William K.

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

1400 Grace Avenue

Suite, Apt. #, Etc.

City

Panama City

State  
FL

Zip Code  
32401

The 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 reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 04-27-2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Smith, William K.	1400 Grace Avenue	Panama City, Florida 32401

B 5/5/08

300128092393  
05/01/08--01049--004 \*\*1050.00

REINSTATEMENT 06-08

10. 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 contained in Chapter 119, 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:

William K. Smith

04-27-2008

850-784-4413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #