

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 22 PH 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 000 000 86910**

1. Corporation Name

TOW MAX, INC

2. Principal Office Address

3141 SHARP RD.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 608021

Suite, Apt. #, etc.

City & State

APOPKA, FL

Zip

32703

Country

USA

City & State

ORLANDO, FL

Zip

32860-8021

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3676129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

2602-OS Rei Jm

7. Name and Address of Current Registered Agent

Name

JERRY L. STANFORD

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

1803 CROWN WAY

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32804

8/22

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**

Jerry L. Stanford

Date **8-18-05**

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
PRES	MICHAEL T. SOYNT	3141 SHARP RD	APOPKA FL 32703
SECRETARY	JERRY L. STANFORD	1803 CROWN WAY	ORLANDO FL 32804

900059240239
09/01/05--01037--009 **600.00

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 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.

JERRY L. STANFORD sec/TREA

SIGNATURE:

Jerry L. Stanford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-05 (407) 648-9695
Date Daytime Phone #

CR2E081 (01/05)

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Jerry L. Stanford, CPA
1803 Crown Way
Orlando, FL 32804
phone 407-648-9695
fax 407-648-0938

August 18, 2005

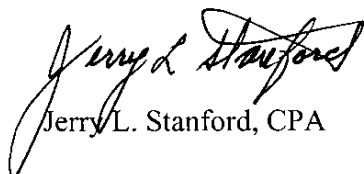
Michelle Milligan, Document Specialist Supervisor
c/o Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Michelle:

Thank you for the necessary information. The first address was at a family member's home. There were two moves and a death in the family. This caused much loss of mailing. - *The 2002 Notices were not received.*

Please accept the check for \$600.00 and please, abate the penalty. Hope this just won't happen again.

Very truly yours,


Jerry L. Stanford, CPA