

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000060326</b> 1. Entity Name <b>STATEWIDE DISCOUNT TOWING, INC.</b>						06 OCT 31 PM 2:55	
Principal Place of Business 11234 NW 14TH CT. PEMBROKE PINES, FL 33026				Mailing Address 11234 NW 14TH CT. PEMBROKE PINES, FL 33026			
2. Principal Place of Business <u>3611 S.W. 21<sup>st</sup> Street</u>		3. Mailing Address <u>3611 S.W. 21<sup>st</sup> Street</u>		 <b>REINSTATEMENT</b> (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0989425</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <u>Fort Lauderdale, Florida</u>		City & State <u>Fort Lauderdale, Florida</u>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Name and Address of Current Registered Agent <b>LIVERPOOL, RUTH</b> <b>4974 N UNIVERSITY DR</b> <b>LAUDERHILL, FL 33351</b>	
Zip <u>33312</u>		Country <u>USA</u>		Zip <u>33312</u>		Country <u>USA</u>	
6. Name and Address of Current Registered Agent <b>LIVERPOOL, RUTH</b> <b>4974 N UNIVERSITY DR</b> <b>LAUDERHILL, FL 33351</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent.							
SIGNATURE: <u><i>Ruth Liverpool</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>10-27-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEYMOUR, ROBERT 11234 NW 14TH CT. PEMBROKE PINES, FL 33026			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> <b>200081370262</b>  <b>10/31/06--01033--018 **150.00</b> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Robert Seymour</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>102706</u> <u>(954) 746 5011</u> <small>(Daytime Phone #)</small>			

OCT 30 2006