FILED
06 FEB -9 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000011370

1. Entity Name
A-1 AMERICAN TOWING, INC.

Principal Place of Business	Mailing Address
1922 CAULEY AVENUE PANAMA CITY BEACH, FL 32407	1922 CAULEY AVENUE PANAMA CITY BEACH, FL 32407

02072006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0383466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ONNIE K. GALBRAITE 1922 CAULEY AVENUE PANAMA CITY BEACH, FL 32407	Name: ONNIE K Galbraith Street Address (P.O. Box Number is Not Acceptable): 1922 CAULEY AVE City: Panama City Beach FL Zip Code: 32407

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, registered agent.

SIGNATURE _____ 2-7-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GALBRAITH, WILLIE 1922 CAULEY AVENUE PANAMA CITY BEACH, FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100066134821 02/17/06--01037--008 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD GALBRAITH, ONNIE KEITH 1922 CAULEY AVENUE PANAMA CITY BEACH, FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2-7-06
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALBRAITH, DAWN M 7922 CAULEY AVE. PANAMA CITY BEACH, FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition T. Roberts FEB 10 2006
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 2-7-06 850-236-9636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #