

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 JUL 30 AM 9:52

DOCUMENT # P03000120350

1. Corporation Name

ALWAYS TOWING OF CENTRAL FLORIDA, INC

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

416 BUCHAN RD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 180

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

OSTEEN, FLORIDA

Zip

32805

Country

USA

Zip

32764

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/2003

5. FEI Number

200330018

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

WAYNE C. ANDERSON

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

2595 RICHMOND AVE

Suite, Apt. #, Etc.

City SANFORD

State FL

Zip Code 32773

☐ 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

Wayne Anderson

REGISTERED AGENT MUST SIGN

Date 7-28-08

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	WAYNE C. ANDERSON	P.O. BOX 108	OSTEEN, FL 32764

REINSTATEMENT

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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:

Wayne Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-08

Date

Daytime Phone #