## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000103363

City-St-Zip:

CLEARWATER, FL 33756 US

FILED Oct 24, 2007 Secretary of State

Entity Name: TOWINGTRANSPORT, RECOVERY INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	REL CIRCLE ATER, FL 33756	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	REL CIRCLE ATER, FL 33756	US			
FEI Number:	43-2109583 I	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SYMINGTON, BARRY 1513 LAUREL CIRCLE CLEARWATER, FL 33756 US			1513 LAUREĹ CIRCLE	SYMINGTON, BARRY A CEO 1513 LAUREL CIRCLE CLEARWATER, FL 33756 US	
The above in the State	named entity sub of Florida.	mits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: BARRY A. SYMINGTON				10/24/2007	
	Electronic	Signature of Registered Age	nt	Date	
		)(b), F.S., the corporation did not rust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D () De SYMINGTON, BAR 1513 LAUREL CIR CLEARWATER, FL	RY CLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () De GARCIA, EDWARD 1250 125 TERR N MIAMI, FL 33299 U	)	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D () De BRENCE, KIM		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KIM BRENCE D 10/24/2007