

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 26 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO 7000 38725

1. Corporation Name

FAST LANE TOWING & RECOVERY INC

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

1320 DOVE TREE ST.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 247

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34117

Country

City & State

NAPLES FL

Zip

34106

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3-27-07

5. FEI Number

77-0676561

☒ 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

DAVID L. MOORE

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

1320 DOVE TREE ST

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34117

☒ 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

David L. Moore

REGISTERED AGENT MUST SIGN

Date 10-14-2009

**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.	DAVID L MOORE	1320 DOVE TREE ST	NAPLES FL 34117
SOT	SPENCER COTWELL	2237 KINGS LAKE BLVD	NAPLES FL 34112

**REINSTATEMENT**

**RH**

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:

David L. Moore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-09

Daytime Phone #

239-852-7370