PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN -7 AM 10: 25

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06/07/10--01063--013 **908.75
09/03/10 - - 01002 - - 007 ** 150.00

DOCUMENT # P07000112858

1 Corporation Name

Road Rescue, Inc.

REINSTATEMENT 08-10 KS

CR2E081 (4/10)

2 Principal Office Address - No P O Box #	3 Mailing Office Address
2914 Spartan Place	Same
Suite Apt # etc	Suite Apt # etc
City & State: Marion, SC	City & State
Zip: 29571 Country: USA	Zip Country

4 Date Incorporated or Qualified To Do Business in Florida: 12/31/2003

5. FEI Number: 41-1901148 ☐ 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: Quality Emergency Vehicle Sales & Services
Street Address (P O Box Number is Not Acceptable): 132 Business Center Drive
Suite Apt #, Etc: Unit 7A
City: Ormond Beach State: FL Zip Code: 32174

PROFIT CORPORATIONS ONLY

☒ The $600.00 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: [signature] Date: 5/25/10
REGISTERED AGENT MUST SIGN

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	Dave Reid	1000 Reynolds Road	Charlotte, MI 48813
Tres	Joe Nowicki	1000 Reynolds Road	Charlotte, MI 48813
Sec	Thomas Kivell	1000 Reynolds Road	Charlotte, MI 48813

10 E-mail Address: dana.thigpen@roadrescue.com
(To be used for future annual report notification)

11 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. I further certify 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: [signature] 6/2/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #