

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000106015

**FILED**  
**Dec 03, 2010**  
**Secretary of State**

**Entity Name:** TOW 2 TOW, INC.

**Current Principal Place of Business:**

6225 NW DUKE CIRCLE  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

995 B EDWARDS ROAD  
FORT PIERCE, FL 34982

**Current Mailing Address:**

6225 NW DUKE CIRCLE  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

P O BOX 12907  
FT PIERCE, FL 34979

**FEI Number:** 26-3855121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN HORN, JAY S  
6225 NW DUKE CIRCLE  
PORT ST LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JAY VAN HORN

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Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VAN HORN, KEVIN J  
Address: 5232 NW MEG COURT  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VPD  
Name: VAN HORN, JAY S  
Address: 6225 NW DUKE CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: SD  
Name: VAN HORN, GAIL  
Address: 6225 NW DUKE CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: TD  
Name: VAN HORN, JENNIFER L  
Address: 5232 NW MEG COURT  
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: KEVIN VAN HORN

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Electronic Signature of Signing Officer or Director

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12/03/2010

\_\_\_\_\_  
Date