

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 22 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P93000038472 1. Entity Name LAKE PARK TOWING, INC.					
Principal Place of Business 803 13TH ST LAKE PARK, FL 33403 US			Mailing Address 803 13TH ST LAKE PARK, FL 33403 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0413151	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STREET, CAROLYN R. EA 1001 N US HWY 1 STE 600 WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name <u>ALLAN I. KRUGER, CPA</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O KRUGER & ASSOCIATES, PA</u> <u>16612 PARKSIDE DRIVE</u> City <u>PARKLAND</u> FL Zip Code <u>33067</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Allan I. Kruger</u> <small>Signature, typed or printed name of registered agent, and title if applicable.</small>		<u>ALLAN I. KRUGER</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>9/26/07</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input type="checkbox"/> Delete GADOURY, KATHRYN 825 ELM ROAD WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100111145751 10/22/07--01068--010 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete GADOURY, THOMAS 825 ELM ROAD WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete GRIBBLE, JAMES 1525 GALLOP DRIVE LOXAHACTEE, FL 33470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Kathryn Gadoury</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Oct 18, 07 561844-4416</u> <small>Date</small>		<u>561844-4416</u> <small>Daytime Phone #</small>	

OCT 22 2007