

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 22 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09162007 REINP GR2EQ98 (1/07) **REINSTATEMENT** 07

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		
Zip	Country	Zip	Country	4. FEI Number 65-0413151	
				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>		ALLAN I. KRUGER		9/26/07	
Signature, typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
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	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GADOURY, KATHRYN		NAME	100111145751	
STREET ADDRESS	825 ELM ROAD		STREET ADDRESS	10/22/07--01068--010 **150.00	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GADOURY, THOMAS		NAME		
STREET ADDRESS	825 ELM ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIBBLE, JAMES		NAME		
STREET ADDRESS	1525 GALLOP DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATTEE, FL 33470		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>		Oct 18, 07		561-844-4416	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

OCT 22 2007