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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 MAR -7 AM 10:22  
SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011795

1. Corporation Name

Ryan's Towing and Recovery, Inc.

800068111548  
03/20/06--01027--004 \*\*450.00

CR2E081 (12/05)

|  |         |  |         |
|--|---------|--|---------|
| 2. Principal Office Address<br>2575 US 17-92 West<br>Suite, Apt. #, etc. |         | 3. Mailing Office Address<br>P. O. Box 1412<br>Suite, Apt. #, etc. |         |
| City & State<br>Haines City, Fl  |         | City & State<br>Haines City, Fl                                    |         |
| Zip<br>33844   | Country | Zip<br>33845-1412  | Country |

|  |  |
|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida  |  |
| 5. FEI Number<br>59-3232900  | Applied For<br><input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |  |

7. Name and Address of Current Registered Agent

Name  
Ryan, Wallace Darwin  
Street Address (P.O. Box Number is Not Acceptable)  
2575 US 17-92 West  
Suite, Apt. #, Etc.  
City  
Haines City

State  
FL  
Zip Code  
33844

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

Date 3-2-06

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     |
|--------|-----------------------------------|--|------------------------|
| D      | Ryan, Wallace Darwin              | 2575 US 17-92 West                             | Haines City, Fl. 33844 |
| D      | Ryan, Patricia Lynn               | 2575 US 17-92 West                             | Haines City, Fl. 33844 |
|        |                                   |  |                        |
|        |                                   |  |                        |
|        |                                   |  |                        |
|        |                                   |  |                        |

B 3/10/06  
REINSTATEMENT  
04-06

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:

Patricia Lynn Ryan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-06  
Date

863-422-6905  
Daytime Phone #

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COMPLETING THIS FORM.

2-22-06 We are requesting abatement of the reinstatement fee. We are paying the annual report and supplemental fees for each year with this reinstatement form. Copies of our previous correspondence are attached. Our 2004 annual report was never processed by your office. We have sent copies of the certified mail receipt showing it was received by your office. We never received any response to our previous correspondence to clear this matter up.

CR2E081 (12/05)

ated or Qualified