PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP 26 PM 3:51
SEC.
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052665

1. Corporation Name
SEAY TOWING INC

REINSTATEMENT 2006
CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
15699 W DIXIE HWY	15699 W. DIXIE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI BCH FL	City & State: NORTH MIAMI BCH FL
Zip: 33162 Country: DADE	Zip: 33162 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida 07 — 1994

5. FEI Number 65-0505324 ☐ 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: ISRIEL & ASSOCIATES P.A.
Street Address (P.O. Box Number is Not Acceptable): 80 SW 8 ST
Suite, Apt. #, Etc.: 1720
City: MIAMI State: FL Zip Code: 33130

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: 9-25-06
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
PRES	GISELA SEAY	12101 SAILBOAT WAY	Cedar City FL 33626
VP	DONALD W SEAY	12101 SAILBOAT WAY	Cedar City FL 33626

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09/26/06--01039--004 **750.00

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: [signature] 9-25-06 305-969-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #