

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000086560

1. Corporation Name

LAR-KENS TOWING, INC.

Principal Place of Business

1636 NEW YORK AVE.  
DELAND FL 32724

Mailing Address

1636 NEW YORK AVE.  
DELAND FL 32724

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/1995

5. FEI Number

59-3350596

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	DANNY GAYNE	4878 S. PENNINSULA DR	PONCE INLET, FL 32127
S	BROOKE GAYNE	4878 S. PENNINSULA DR	PONCE INLET, FL 32127
			500002201275--6 -06/04/97--01057--006 ****915.00 ****915.00
			JB6-2-97

8. Name and Address of Current Registered Agent

LIND JOHNSON, GARY  
6230 DONEGAL DRIVE  
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name

DANNY GAYNE

Street Address (P.O. Box Number is Not Acceptable)

4874 S. PENNINSULA

Suite, Apt. #, Etc.

City

PONCE INLET

State

FL

Zip Code

32127

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 05-29-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-29-97

Date

904-736-2559

Daytime Phone #

CR2E040 (7/96)