

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000049035

1. Corporation Name

ROGER'S TOWING, INC.

Principal Place of Business

15642 COUNTY LINE ROAD
SPRING HILL FL 34610

Mailing Address

15642 COUNTY LINE ROAD
SPRING HILL FL 34610

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1997

5. FEI Number

59-3448799

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PST	HECK, ROGER G	15642 COUNTY LINE RD	SPRING HILL FL 34610
			400003038554--2
			-11708793--01120--013
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIBBS, B. GARY
100 SECOND AVENUE SOUTH
SUITE 704
ST. PETERSBURG FL 33701

Name

ROGER G HECK

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

15642 COUNTY LINE RD

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34610

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

Roger Heck

REGISTERED AGENT MUST SIGN

Date

102899

11. 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

102899

Date

727 8565596

Daytime Phone #

FILED

99 NOV -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR20040 (8/99)