

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -5 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000049035

1. Corporation Name

ROGER'S TOWING INC.

2. Principal Office Address

15642 Countyline RD

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Springhill FL

City & State

FL

Zip

34610

Country

PASO

Zip

SAME

Country

PASO

400019088014  
05/15/03--01064--008 \*\*450.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

89-3448779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ROGER G HECK

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

15642 Countyline RD

Suite, Apt. #, Etc.

City

Springhill

State

FL

Zip Code

34610

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

R G Heck

Date

4-28-03

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
DST	ROGER G Heck	15642 Countyline RD	Springhill FL 34610

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 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:

R G Heck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

227-856-5594

Daytime Phone #

CR2E081 (10/02)