

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -1 PM 2:45

DOCUMENT # **P97000080644**

1. Corporation Name

WERNER TOWING SERVICE, INC.

Principal Place of Business

Mailing Address

~~7200 E. BROADWAY~~
~~OFFICE #A~~
~~TAMPA FL 33619~~

~~10303 TANNER RD.~~
~~TAMPA FL 33610~~



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

6503 E. BROADWAY

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6503 E. BROADWAY

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1997

5. FEI Number

59-3475969

Applied For

Not Applicable

City & State

TAMPA, FL

City & State

~~FLORIDA~~ **TAMPA, FL**

Zip

33619

Country

USA

Zip

33619

Country

USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WERNER, PHILIP W	10303 TANNER RD.	TAMPA FL 33610

~~7000004698447--5~~
~~-11/29/01--01053--011~~
~~****750.00 ****750.00~~

8. Name and Address of Current Registered Agent

LANIGAN, DAVID C
~~201 N. FRANKLIN ST., SUITE 2350~~
~~TAMPA FL 33602~~

9. Name and Address of New Registered Agent

Name

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

10927 N. 56th ST.

Suite, Apt. #, Etc.

City

TAMPA,

State

FL

Zip Code

33617

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

David C Lanigan
REGISTERED AGENT MUST SIGN

Date

Oct 24, 2001

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:

Phil Werner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-29-01

Daytime Phone #

813622725

CR2E040 (8/01)