


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000096354		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 22 AM 11:54	
1. Corporation Name BREVARD TOWING & RECOVERY INC.			
Principal Place of Business 521 N WASHINGTON AVE TITUSVILLE FL 32796 US		Mailing Address 520 N WASHINGTON AVE TITUSVILLE FL 32796 US	
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		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida 11/10/1997		5. FEI Number 06-1501585	
Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	4. City / State / Zip
D	HEARD, JAMES W JR	1740 KINGS COURT	TITUSVILLE FL 32780
D	HEARD, SHERRY S	1740 KINGS COURT	TITUSVILLE FL 32780
8. Name and Address of Current Registered Agent HEARD, JAMES W JR 1740 KINGS COURT TITUSVILLE FL 32780		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
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.		Date	
Signature of Registered Agent		Date	
REGISTERED AGENT MUST SIGN			
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: 		10/30/99 407-268-4880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

**BREVARD TOWING & RECOVERY, INC.
520 N. WASHINGTON AVENUE
TITUSVILLE, FLORIDA 32796**

October 17, 1999

**Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314**

Attention: Ms. Katherine Harris

Dear Ms Harris,

In November 1998 I was involved in a serious accident that to this day has left me disabled. I am trying to keep my business together with the help of my family and friends. I was not aware that I needed to renew my corporation during the period January 1 through May 1, 1999. It was never my intent to let this corporation go to dissolution. I am asking for your help in accepting the normal fee of \$150.00 (enclosed check).

Thank you in advance for any consideration you may give me.

**Sincerely,
Brevard Towing & Recovery, Inc.**

A handwritten signature in black ink, appearing to read "James W. Heard", written over a horizontal line.

**James W. Heard
President**