

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 28 PM 4: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030427  
1. Corporation Name  
Direct Towing, Inc.

2. Principal Office Address  
2041 20<sup>th</sup> Street  
Suite, Apt. #, etc.  
City & State  
Sarasota FL  
Zip  
34234  
Country  
Sarasota

3. Mailing Office Address  
same  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

REINSTATEMENT 99-04

4. Date Incorporated or Qualified  
To Do Business in Florida 3/30/98

5. FEI Number  
✓ 65-0825398  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Sal Viena

Street Address (P.O. Box Number is Not Acceptable)  
2041 20<sup>th</sup> Street

Suite, Apt. #, Etc.

City  
Sarasota  
State  
FL  
Zip Code  
34234

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  
Sal Viena - Reg. Agent  
REGISTERED AGENT MUST SIGN

Date  
10/15/04

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
Pres	Sal Viena	2041 20 <sup>th</sup> Street Sarasota FL 34234	Sarasota FL 34234

600042283856  
10/28/04--01041--018 \*\*1508.75

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: Sal Viena - Reg. Agent  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/15/04  
Daytime Phone #: 941 365 6823

CR2E081 (01/04)