

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 20th Street

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34234

Country

Sarasota

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

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 20th 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 - PACC. 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 th Street Sarasota FL 34234	Sarasota FL 34234

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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 - PACC.

Date

Daytime Phone #

10/15/04 941 365 6823

CR2E081 (01/04)