


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

05 MAY 27 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000034294**

1. Corporation Name

PRESIDENTIAL TOWING INC.

~~IND 22976~~

000055709990
06/03/05--01026--014 **1050.00

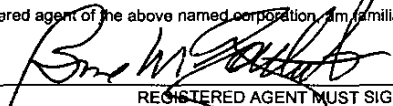
REINSTATEMENT 03-05

2. Principal Office Address 1601 BANKS RD.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARGATE		City & State	
Zip FL	Country 33063	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 4/14/99	Applied For
5. FEI Number 65-0937897	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name BRUCE M. GOTTLIEB		
Street Address (P.O. Box Number is Not Acceptable) 125 N. 46 AVE.		
Suite, Apt. #, Etc.		
City HOLLYWOOD	State FL	Zip Code 33061

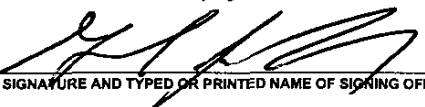
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date _____

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
PD.	GERARD LUCEY	1601 BANKS RD.	MARGATE, FL. 33063

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:  **GERARD J. LUCEY** Date **5/23/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E061 (01/05)