PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION O Sandra B. Moftham Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # V71513 98 JUL 22 AM 8: 18 Niceville Towing + Recovery, INC SEURL FANT UF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1875 Edge Avenue Niceville, FL 32578 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, Il Applicable Date Incorporated or Qualified
To Do Business in Florida 10/9/92 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 59-3149595 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) Edmine Wernher Ryals Niceville, FL 32578 406 Mc Ewen Drive **6**00002599906---5 -07/27/98-**-0**1132--001 ***1350.00 GENSTATEMEN 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Edmine Wernher Street Address (P.O. Box Number is Not Acceptab 406 M: Ewen Suite, Apt. #, Etc. VicevIIIe 10. I, being appointed the registered seent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tax.) 12. Learlify that Lam 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 filling 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:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OF D