


2006 FOR PROFIT CORPORATION REINSTATEMENT

06 FEB -9 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

DOCUMENT # P02000011370

1. Entity Name
A-1 AMERICAN TOWING, INC.



Principal Place of Business Mailing Address
 1922 CAULEY AVENUE 1922 CAULEY AVENUE
 PANAMA CITY BEACH, FL 32407 PANAMA CITY BEACH, FL 32407

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02072008 REIN-P CR2E098 (11/05)

4. FEI Number Applied For
 03-0383466 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

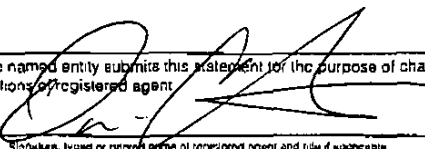
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ONNIE K. GALBRAITH
 1922 CAULEY AVENUE
 PANAMA CITY BEACH, FL 32407

Name: ONNIE K Galbraith
 Street Address (P.O. Box Number is Not Acceptable): 1922 CAULEY AVE
 City: Panama City Beach FL Zip Code: 32407

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 2-7-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Delete
 NAME: GALBRAITH, WILLIE
 STREET ADDRESS: 1922 CAULEY AVENUE
 CITY-ST-ZIP: PANAMA CITY BEACH, FL 32407

TITLE: Change Addition
 NAME: 100066134821
 STREET ADDRESS: 02/17/06--01037--008 **300.00
 CITY-ST-ZIP:

TITLE: Delete
 NAME: VSD GALBRAITH, ONNIE KEITH
 STREET ADDRESS: 1922 CAULEY AVENUE
 CITY-ST-ZIP: PANAMA CITY BEACH, FL 32407

TITLE: Change Addition
 NAME: REINSTATEMENT
 STREET ADDRESS: 05-06
 CITY-ST-ZIP:

TITLE: Delete
 NAME: PD GALBRAITH, DAWN M
 STREET ADDRESS: 1922 CAULEY AVE.
 CITY-ST-ZIP: PANAMA CITY BEACH, FL 32407

TITLE: Change Addition
 NAME: T. Roberts
 STREET ADDRESS: FEB 1 0 2006
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 2-7-06 PHONE: 850-236-9636

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