2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMEN 1. Entity Name NEAL'S TIRE C					FILED 08 OCT 16 PH 2: 30	
Principal Place of Business 1403 CLEARLAKE ROAD COCOA, FL 32922		Mailing Address 303 MAGNOLIA AVENUE MERRITT ISLAND, FL 32952 US		Mo	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business - No P.O. Box #		3. Mailing Address 1403 CLEARLAYE ROW				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10092008	CREINFITCH GCRZEDOS 11702000-
City & State		COLOS FLORIDA			4. FEI Numb 59-165	er Applied For WO
Zíp	Country	3392	Coun	اخ./		of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name		
ROBINSON, FRA 312 THIRD ST. MERRITT ISLANI				Street Address (P.O. Box Number is Not Acceptable)		
	,			City		FL Zip Code
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00						In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND C	DIRECTORS Delete	11.	· · ·	ADDITIONS	/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS 312 TI	ME ROBINSON, FRANK REET ADDRESS 312 THIRD ST				4(10/18	□ Change □ Addition □ DO 136989294 6/0801055002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N. S					☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote				☐ Change ☐ Addition
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: SIGNATURE SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Da						