

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 19 AM 9:22

DOCUMENT # P96000092878

1. Corporation Name
ATLANTIC TIRE AND AUTO, INC.

Principal Place of Business 456 9TH STREET N ST. PETERSBURG FL 33705 US	Mailing Address 456 9TH STREET N ST. PETERSBURG FL 33705 US
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REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 11/08/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3413310
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	MICOCCI, JONATHAN	935 14TH STREET NORTH	ST. PETERSBURG FL 33705
VSD	HELT, CHARLES T	13807 EDISON AVENUE NORTH	TAMPA FL 33613
			800003043328--0 -11712799--01113--014 ****750.00 ****750.00
			10/10/25

8. Name and Address of Current Registered Agent MICOCCI, JONATHAN 4791 BAYWOOD POINT DR S GULFPORT FL 33711	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *J. Micocci* REGISTERED AGENT MUST SIGN Date: 10/12/99

11. 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: *J. Micocci* Jonathan Micocci Date: 10/12/99 727 888-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CS22040 (8/99)