

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**99-00 AR**

FILED

00 JAN 31 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000024417**

1. Corporation Name  
**In & Out Tire Shack Inc.**

2. Principal Office Address  
**1247 W. Sunrise Blvd.**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**840 NW 38<sup>th</sup> Ave**  
Suite, Apt. #, etc.

**9/21/99 9007002 \$550.**

4. Date Incorporated or Qualified  
To Do Business in Florida **03/98**

City & State  
**Ft. Lauderdale, FL**

City & State  
**Ft. Laud. FL**

5. FEI Number  
**65-0845554**

Zip  
**33311**

Country  
**Broward**

Zip  
**33311**

Country  
**Broward**

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name  
**William Keen**

Street Address (P.O. Box Number is Not Acceptable)  
**840 NW 38 Ave**  
Suite, Apt. #, Etc.

**500003128705--0**  
**-02/09/00--01005--013**  
**\*\*\*158.75 \*\*\*158.75**

City  
**Ft. Laud**

State  
**FL**

Zip Code  
**33311**

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 **[Signature]**

Date **1/20/00**

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
P	William Keen	840 NW 38 Ave	Ft. Laud. FL 33311
VP	Michael Keen	840 NW 38 Avenue	Ft. Laud. FL 33311
VP	Oral Keen	840 NW 38 Ave	Ft. Laud. FL 33311
Ⓞ	Venice Keen	840 NW 38 Ave	Ft. Laud. FL 33311

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: **[Signature]** Venice Keen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/00** (954) 584-2842  
Date Daytime Phone #

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1247 W. Sunrise Blvd.  
Ft. Lauderdale, Fl. 33311

Florida Department of State  
Divisions of Corporations

To Whom It May Concern:

This letter is to request that my annual report be filed. I was never aware of a letter that was sent to the company regarding dissolving the corporation on 12/20/99 until I called to check on the status of the report. I was then told that the company was dissolved due to not submitting the officers' names. Prior to this, I had received another letter stating that the FEI number was missing. Nothing was ever said regarding the missing officers names. The FEI number was submitted and I thought it was all resolved. I spoke to someone in the reinstatement department and they told me to submit another check for \$150.00 and send in reinstatement form. I have already paid \$650.00. I hope you now have all the information you need and can now go ahead and file the annual report. Thanking you in advance.

Sincerely,  
Venice Keen