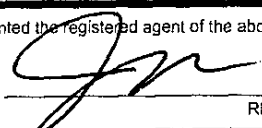
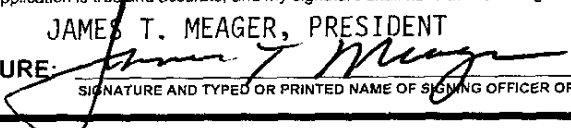


102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 02 MAR -4 PM 4:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V25438				
1. Corporation Name HUB CITY TIRE CO., INC.				
2. Principal Office Address 615 N. FERDON BLVD. Suite, Apt. #, etc.		3. Mailing Office Address 615 N. FERDON BLVD. Suite, Apt. #, etc.		
City & State CRESTVIEW, FL		City & State CRESTVIEW, FL		
Zip 32536	Country USA	Zip 32536	Country USA	
4. Date Incorporated or Qualified To Do Business in Florida MAR. 30, 1992		5. FEI Number 59-3112360		
6. CERTIFICATE OF STATUS DESIRED ☐		\$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name JAMES T. MEAGER				
Street Address (P.O. Box Number is Not Acceptable) 615 N. FERDON BLVD.				
Suite, Apt. #, Etc.				
City CRESTVIEW		State FL	Zip Code 32536	
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 		JAMES T. MEAGER Date 2/26/2002		
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	
D/P/T	JAMES T. MEAGER	7379 CORRAL RD.	MILTON, FL 32583	
D/S	SHELBY MEAGER	7379 CORRAL RD.	MILTON, FL 32583	
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: JAMES T. MEAGER, PRESIDENT 		2/26/2002 Date	850-682-5121 Daytime Phone #	

CR22001 (9/01)

83

HUB CITY TIRE CO., INC.

20f2
615 N. FERDON BLVD.
CRESTVIEW, FL 32536

Phone Number: (850) 682-5121

JAMES T. MEAGER, President

February 26, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Madam:

Please reinstate the corporate status of "Hub City Tire Co., Inc." in accordance with the information presented on the enclosed Corporation Reinstatement report form.

The form was not filed for the previous years due to not receiving it from the "Division Of Corporations", nor did we receive notice that our Corporation was late in filing and being placed inactive by the State. Please waive all penalties or other fees associated with the reinstatement application.

Enclosed is the \$600.00 fee that we were instructed to send for the years 1999, 2000, 2001, and 2002.

Please inform us of the corporate status as soon as possible.

Thank You,

James T. Meager, President

