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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.

99-02

2. Principal Office Address	**3.** Mailing Office Address
615 N. FERDON BLVD.	615 N. FERDON BLVD.
Suite, Apt. #, etc.	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 ☐ Applied For ☐ Not Applicable

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

600005134226--3
-03/19/02--01044--020
****600.00 ****00.00

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
REGISTERED AGENT MUST SIGN

Date: 2/26/2002

CR2E081 (9/01)

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.

JAMES T. MEAGER, PRESIDENT

SIGNATURE: _____ 2/26/2002 850-682-5121

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

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HUB CITY TIRE CO., INC.

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