
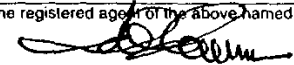
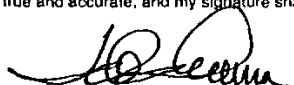


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	9696-1
APPLICATION FOR REINSTATEMENT		FILED 99 JAN 28 AM 10:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V71316			
1. Corporation Name ALPHA TIRE CORPORATION <span style="float: right; margin-right: 50px;">WP-2185</span>			
Principal Place of Business 4015 Flamingo Ave Sarasota FL 34242		Mailing Address 4015 Flamingo Ave Sarasota FL 34242	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 10/15/1992	
		5. FEI Number 65-0366353	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DPST	FISHMAN, Jordan	4015 Flamingo Ave	Sarasota FL 34242
			300002768743--0 -02/09/99--01015--003 ****150.00 ****150.00
			300002768743--0 02/09/99--01015--004 ***1208.75 ***1208.75
8. Name and Address of Current Registered Agent Prentice Hall Corp		9. Name and Address of New Registered Agent Name FISHMAN, Jordan Street Address (P.O. Box Number is Not Acceptable) 4015 Flamingo Ave Suite, Apt. #, Etc. City Sarasota State FL Zip Code 34242	
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  Date 1/22/99 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: 		Jordan Fishman President 941/366-6660 1/22/99 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E040 (1/98)