

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 384684

1. Corporation Name

FLORIDA TIRE DISTRIBUTORS, INC.

Principal Place of Business

1600 NO POWERLINE ROAD
POMPANO BCH FL 33069

Mailing Address

1600 NO POWERLINE ROAD
POMPANO BCH FL 33069



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

06/29/1971

5. FEI Number

59-1552451

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LEJA, MICHAEL	1418 NE 54TH STREET	FT LAUDERDALE, FL 00000
PD	LEJA, DAVID	1600 N. POWERLINE RD.	POMPANO BCH. FL
SD	LEJA, OLGA	1418 NE 54TH STREET	FT LAUDERDALE, FL 00000

500008636235
10/30/02--01043--005 **150.00

8. Name and Address of Current Registered Agent

LEJA, OLGA
1600 NO POWERLINE RD
PPMPANO BCH FL 33069

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Olga Leja
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/22/02

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:

David M. Leja
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02
Date Daytime Phone #

FLORIDA TIRE DISTRIBUTORS, INC.
1600 NORTH POWERLINE ROAD
POMPANO BEACH, FLORIDA 33069
Phone (954) 973-6602

October 22, 2002

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

To Whom it may concern:

In Re: 2002 Uniform Business Report
Application for Reinstatement
Florida Tire Distributors, Inc.

Document # 384684
FEI # 59-1552451

Your Notice of Administrative Dissolution together with Application for Reinstatement was received yesterday. After checking our files, we realized we had not received this Annual Report Form that was due May 1, 2002. Nor did we receive your June 7, 2002 notice as stated in your Important Fact disclosure.

We have been in business many years, and have filed this report before the due date. There were occasions when we did not received some other forms through the regular mail. However our CPA has those forms on hand so we wouldn't be delinquent. Not getting the Annual Report, but also another notice from you makes us wonder how much mail is not delivered to us.

Enclosed is our check in the amount of \$ 150.00 for Florida Tire Distributors, Inc. to be reinstated as a Florida corporation.

Very truly yours,

David M. Leja
David M. Leja

Enc.