

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 10 AM 10:39

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 492395

1. Corporation Name
OCAIA TIRE SERVICE INC.

REINSTATEMENT 11-12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #
424 S. MAGNOLIA AVE
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 3595
Suite, Apt. #, etc.

City & State
OCAIA, Florida

City & State
OCAIA, Florida

Zip Country
34471 MARION

Zip Country
34478 MARION

4. Date Incorporated or Qualified To Do Business in Florida
12/10/1975

5. FEI Number
59-1638272
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
ERNEST W GRISSE JR
Street Address (P.O. Box Number is Not Acceptable)
1951 SE 54th TERRACE
Suite, Apt. #, Etc.

City State Zip Code
OCAIA, Florida FL 34480

100238388311
08/10/12--01028--005 **900.00

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 Ernest W. Grisse Jr
REGISTERED AGENT MUST SIGN

Date 8-8-12

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
PD	ERNEST W GRISSE JR	1951 SE 54 th TERRACE	OCAIA, FL 34480

AUG 10 2012

10. E-mail Address: MA

(To be used for future annual report notification)

D. BUTLER

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Ernest W. Grisse Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-12 352-622-7233

Date Daytime Phone #