

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB -4 PM 12: 39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 524962

1. Corporation Name

NORTHSIDE TIRE COMPANY

Principal Place of Business

Mailing Address

206 EAST 63RD STREET  
JACKSONVILLE FL 32208-4714

206 EAST 63RD STREET  
JACKSONVILLE FL 32208-4714

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

02/02/1977

SP

5. FEI Number

59-1718201

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	LESPERANCE, LARRY	8009 VIRGO ST.	JACKSONVILLE FL 32216
VP	MCFALLS, DON	281 WEST 68TH ST.	JACKSONVILLE FL 32208
S	MCFALLS, STANLEY	2449 BROWARD ROAD	JACKSONVILLE FL 32208
			600003142346--4 -02/22/00--01008--008 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCMENAMY, WILLIAM  
200 W. FORSYTH ST.  
SUITE 1400  
JACKSONVILLE, FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*W. McMenamy*

REGISTERED AGENT MUST SIGN

Date

2/2/00

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:

*Larry Lesperance*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LARRY LESPERANCE

Date

2/2/00

Daytime Phone #

904-265-5563

CR2040 (8/99)