

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 AUG 18 PM 2:59

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 543084

1. Corporation Name

Big "M" Tire Center Inc.

67-8012024210-1

2. Principal Office Address - No P.O. Box #

14427 Hwy 89

Suite, Apt. #, etc.

3. Mailing Office Address

14427 Hwy 89

Suite, Apt. #, etc.

City & State

JAY, FL

City & State

JAY, FL

Zip

32565

Country

USA

Zip

32565

Country

USA

REINSTATEMENT

10-11

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4-1-1978

5. FEI Number

59-176-5302

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

MAX RAY Smith

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

14425 Hwy 89

Suite, Apt. #, Etc.

City

JAY

State

FL

Zip Code

32565

900211208469
08/18/11--01035--019 **\$900.00

900211208469
08/18/11--01035--020 **\$8.75

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

Max Ray Smith

REGISTERED AGENT MUST SIGN

Date 8-15-2011

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
<u>P</u>	<u>MAX RAY Smith</u>	<u>14425 Hwy 89</u>	<u>JAY, FL. 32565</u>
<u>S</u>	<u>Billie Faye Smith</u>	<u>14425 Hwy 89</u>	<u>JAY, FL 32565</u>

10. E-mail Address: NO COMPUTER

(To be used for future annual report notification)

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:

Max Ray Smith

MAX RAY Smith

Date

8-15-2011

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR