APPLICATION **FOR** REINSTATEMENT

10. Should you desire a certificate of status check the box.

FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

FILED

DO NOT WRITE IN THIS SPACE

\$8.75 Additional Fee

required for a

97 JAN 14 AM 11:07. FOR **DIVISION OF CORPORATIONS** 1997 SECFIETARY OF STAT TAULAHASSEE, FLORID Read Instructions on Other Side Before Making Entires. Make Check Payable To: Department of State If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filling an amendment. 1. Name and Mailing Address of Corporation: DOCUMENT # PLAYGROUND TIRE CENTER, INC. Address 311 Racetrack Road NE Fort Walton Beach, Florida 32547 Address City and State Zip Code 4. FEI Number FEI Number Applied For 3. Date Incorporated or Qualified ☐ FEI Number Not Applicable To Do Business in Florida 8/22/78 59-1869293 5. Names and Street Addresses of Each Officer and/or Director Street Address of Each Names of Officers and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City and State Title Ft. Walton Beach, FL 32547 311 Racetrack Road NE P/S RISHER, STEVEN J. Ft. Walton Beach, FL 32547 311 Racetrack Road NE V/T RISHER, ALICE 400002059454---01/15/97--01096--008 This corporation has liability for intangible tax under section 199.032, Florida Statutes. For intangible tax information call Department of Revenue 904-488-6800. 7. Name and Address of New Registered Agent REGISTERED AGENT INFORMATION 6. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number) RISHER, STEVEN J. Street Address (Do NOT Use P.O. Box Number) 311 Racetrack Road NE Fort Walton Beach, Florida 32547 City and State Zip Code 8. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of section 607.0505, F.S. Signature of 1/10/97 Registered Agent TEVEN REGISTERED AGENT MUST SIGN 9. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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. The intermation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Signature of Date __1/10/97 (904) 863-1102 Officer or Director. STEVEN J. RISHER Typed or printed name of signing officer or director.

CERTIFICATE OF STATUS DESIRED