

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97 APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **668889**

1. Corporation Name

RALLY TIRE CO.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 31 AM 11:45

WC
10/3

Principal Place of Business

101761 US I
KEY LARGO FL 33037

Mailing Address

101761 US I
KEY LARGO FL 33037



If above addresses are incorrect in any way, file 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

05/01/1980

5. FEI Number

59-1994548

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SWARTZ, RONALD	4 NORTH DR	KEY LARGO FL 33037
STD	SWARTZ, ELAINE	4 NORTH DR	KEY LARGO FL 33037

7000002349637--8

11/17/97-01154-018

****750.00 ****750.00

8. Name and Address of Current Registered Agent

SWARTZ, ELAINE
101761 OVERSEAS HWY
KEY LARGO FL 33037

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

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

Ronald Swartz
Date 10/28/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Ronald Swartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/97 304517148

CR2E040 (8/97)