

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 18 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400080366914



10122006 REIN-P CR2E098 (11/05)

DOCUMENT # F05000007381 1. Entity Name LAKIN TIRE EAST INCORPORATED					
Principal Place of Business 240 FRONTAGE ROAD WEST HAVEN, CT 06516		Mailing Address 240 FRONTAGE ROAD WEST HAVEN, CT 06516			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-100442	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, CHRISTOPHER 3600 NW 54TH ST MIAMI, FL 33142				7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ ROBERT BRANCH <i>ROBERT BRANCH</i> 10/17/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete LAKIN, ROBERT 539 BURLINGAME AVENUE LOS ANGELES, CA 90049	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete ROTH, RANDAL 10119 CHERIOT LOS ANGELES, CA 90064	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ Roth <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ Randal Roth <small>DATE</small>		_____ 10/13/06 <small>FILE</small>	
_____ 800-488-2752 <small>TELEPHONE</small>					



CORPORATION SERVICE COMPANY

292

ACCOUNT NO. : 072100000032
REFERENCE : 532880 4312579
AUTHORIZATION : *Squadreman*
COST LIMIT : \$ 758.75

ORDER DATE : October 17, 2006
ORDER TIME : 1:28 PM
ORDER NO. : 532880-005
CUSTOMER NO: 4312579

REINSTATEMENT

NAME: LAKIN TIRE EAST INCORPORATED

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

10/18/06 10:25:46 AM

06 OCT 18 PM 2:46

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