## F99000000370

ATTORNEYS' TIT	LE			
Requestor's Name				
660 E. Jefferson St.				
Address				
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Tallahassee, FL 32301			TO = 1	
City/St/Zip	Phone #			
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	(C) 9 DOCUMENT NUMBER	S) (if known):	Ξ <sub>0</sub> ω	
CORPORATION NAME	(S) & DOCUMENT NUMBER(S	o), (II KIIOWII).	SECULIED STATE	
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1- SEVEN SEAS TIRE	, INC.			
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X Walk-in	Pick-up time ASAP	Certified Copy		
Mail-out	Will wait Photocopy	Certificate of	Status	
IVIAII-OUL	VVIII VIGIL			
NEW FILINGS	AMENDMENTS			
Profit	Amendment	<b></b>	002869025	-:=:
Non-Profit	Resignation of R.A., Officer/Direct	etor	-05/10/9901053013	3
Limited Liability	Change of Registered Agent		*****78.75 *****78.	. 75
Domestication	Dissolution/Withdrawal			
Other	Merger			
OTHER FILINGS	REGISTRATION/QUALIFICATION	N		
	XX Foreign			
Annual Report Fictitious Name	Limited Partnership			1
Name Reservation	Reinstatement		0/04	,
Name Reservation	Trademark		206 20	
	Other		1/197	
	Other		W99 10964	
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88 WWW W IO 23 SECTION ED

Examiner's Initials

## TRANSMITTAL LETTER

10:	Quantication/ Division of Co	rax Lien Section orporations		
SUBJE	ECT:	SEVEN SEAS TIRE,	INC.	
		(Name of corpor	ration - must include suffix)	
Dear S	ir or Madam:			-
"Certif	closed "Applica ficate of Existen sact business in	ation by Foreign Corporation ce", and check are submitted Florida.	for Authorization to Transactor register the above referen	et Business in Florida", aced foreign corporation
Please	return all corres	pondence concerning this ma	atter to the following:	
		ALAN J. COOPER. ESO.		
			e of Person)	
		ALAN J. COOPER, P.A.		
	<del></del>	······································	/Company)	
		218 NORTH US HIGHWAY	# T	7 SE 99
	<del></del>		Address)	ES T
		TEQUESTA, FL	33469	33 a F
	<del>,,,,,</del>	(City	/State/Zip)	P II
	you need to cal	l someone concerning this m		99 MAY 10 PM 3: 43 SECRE FLORIDA TALLAHASSEE, FLORIDA
- ALAI	(Name of Pers	at ( at (56)	l ) 744-2455 rea Code & Daytime Telepho	one Number)
		,	V	,, ,,
STRE	ET ADDRESS:		MAILING ADDRESS	S:
Divisio 409 E.	cation/Tax Lien on of Corporation Gaines St. assee, FL 32399	ns	Qualification/Tax Lien Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns
Enclose	ed is a check for	the following amount:		
<b>□</b> \$70.	.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	Section \$87.50 Filing Fee, Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 10, 1999

ATTORNEYS' TITLE 660 E. JEFFERSON ST. TALLAHASSEE, FL 32301

SUBJECT: SEVEN SEAS TIRE, INC.

Ref. Number: W99000010864



We have received your document for SEVEN SEAS TIRE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 899A00025460

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. SEVEN SEAS TIRE INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) NEW JERSEY
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Duration: Year corp. will cease to existor "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 254 N.E. SURFSIDE AVE. 34983 PORT ST. LUCIE, FL(Current mailing address) 8. WHOLESALE TIRE SALES AND ANY ACTIVITY FOR CORPORATE PURPOSES AUTHORIZED BY N.J.S.A. 14A (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) EDWARD J. DOYLE 254 N.E. SURFSIDE AVE. Office Address: PORT ST. LUCIE, \_\_\_\_\_, Florida, 34983 (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

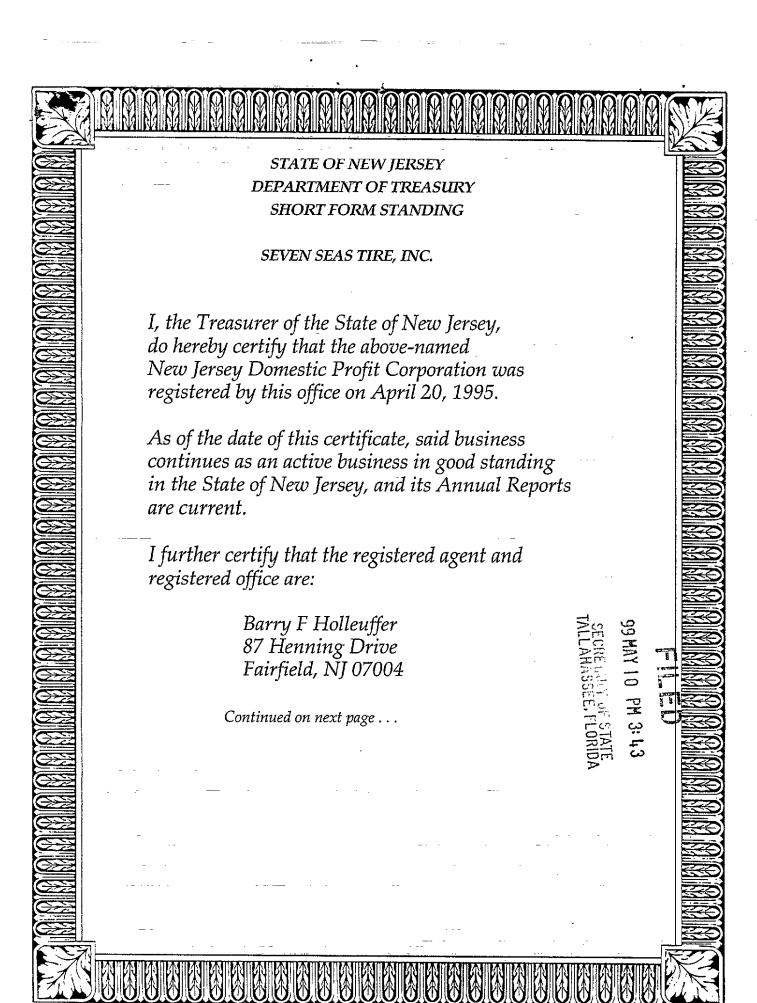
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

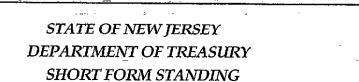
(Registered agent's signature) DOYLE

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

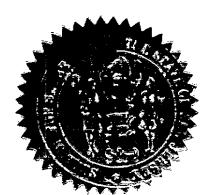
	TORS (Street address only - P.O. Box NOT acceptable)  EDWARD J. DOYLE	
_	254 N. E. SURFSIDE AVE.	
	PODT OF THOTE OF STORE	
Vice Chairn	DTI OD L. OD TO C	<u> </u>
	25% N. C. CHIDECEDE ASSE	
Address:	PORT ST. LUCIE, FL 34983	-
Director: _	EDWARD J. DOYLE	- 45
	254 N.E. SURFSIDE AVE.	
	PORT ST. LUCIE, FL 34983	
Director:	ΝΕΌΛΙ Α ΛΌΦ ΤΙΙΙΟ C	
Address:	254 N.E. SURESTDE AVE	
	PORT ST. LUCIE, FL 34983	
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)	<u> </u>
President: _	EDWARD J. DOYLE	
Address:	254 N.E. SURFSIDE AVE.	<u></u> 1
_	PORT ST. LUCIE, FL 34983	
Vice Preside	ent: NONE	555
Address:		E a
		07A
Secretary: _	DEBORAGERIPES	<del>5,</del> ω -
	25/ N F CHRECTHE AVE	
	PORT ST. LUCIE, FL 34983	
Treasurer: _	NONE	
Address:		
NOTE: If 1	necessary, you may attach an addendum to the application listing addition	nol officers and/or director
13.	$\langle \gamma \rangle$	nai officers and/or directors.
±2.	(Signature of Chairman) Vice Chairman, or any officer listed in nur	mber 12 of the application)
14	EDWARD J. DOYLE	
	(Typed or printed name and capacity of person si	gning application)

k





SEVEN SEAS TIRE, INC.



IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this 4th day of May, 1999

Jones le Di Extentino Je.

James A DiEleuterio, Jr. Treasurer

SECRETARY OF STATE AND SECRETARY OF STATE