

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 MAR 18 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 698178

1. Corporation Name

KENDALL TIRE INC

Principal Place of Business

14818 SW 81 St
Miami FL 33193

Mailing Address

14818 SW 81 St
Miami FL 33193

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96-99 ad

2. New Principal Office Address, if Applicable

14818 SW 81 Street

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33193

Country

Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/17/84

5. FEI Number

59-2399867

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
P	Vicente, Justo	14818 SW 81 Street	Miami, FL 33193

8. Name and Address of Current Registered Agent

Vicente, Justo
14818 SW 81 Street
Miami, FL 33193

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 607.0605, F.S.

Signature of
Registered Agent

J. Vicente

REGISTERED AGENT MUST SIGN

Date 3-9-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-99

305-255-0444