

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 10 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60520

1. Corporation Name

Port St. Lucie Tire & Service
Center, Inc.

2. Principal Office Address

16087 SW WarField Blvd

Suite, Apt. #, etc.

City & State

Indiantown, FL

Zip

34956

Country

U.S.A.

3. Mailing Office Address

16087 SW WarField Blvd.

Suite, Apt. #, etc.

City & State

Indiantown, FL

Zip

34956

Country

U.S.A.

REINSTATEMENT

000023870740
10/17/03--01022--019 **150.00

4. Date incorporated in Florida
To Do Business in Florida

000023870740
10/17/03--01022--019 **150.00

5. FEI Number
59-2524735

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roger Hopson

Street Address (P.O. Box Number is Not Acceptable)

16087 SW WarField Blvd

Suite, Apt. #, Etc.

City

Indiantown

State

FL

Zip Code

34956

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Roger Hopson

Date 10-14-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>Roger Hopson</u>	<u>990 SW Hunt Club Circle</u>	<u>Palm City, FL 34990</u>

10. 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:

Roger Hopson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03 772-597-3741

Date

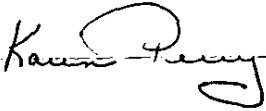
Daytime Phone #

CR2001 (10/02)

Port St Lucie Tire & Service Center Inc.
DBA Indiantown Tire & Service Center
16087 SW Warfield Blvd.
Indiantown, Fl 34956

On Sept 2002 Port St Lucie at 1820 SW Bayshore Blvd. PSL, Fl. was sold.
The new owner kept the name but filed under a LLC license. Therefore we could not use a forwarding address and so therefore we never receive the form to file for the corporation. I am filing a reinstatement with the new address to where all future forms should be mailed. Thank you.

Karen Perry
Office manager
Oct-14, 2003

A handwritten signature in cursive script, appearing to read "Karen Perry", written over a horizontal line.

A handwritten signature in cursive script, appearing to read "Roger Hopson", written above the word "President".
President