

FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J38776

1. Entity Name

VCG TIRE AND AUTO SERVICE, INC.



APPROVAL
AND
FILED

06 JAN 19 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3724 NE 18TH TERRACE
POMPANO BEACH FL 33064

Mailing Address

3724 NE 18TH TERRACE
POMPANO BEACH FL 33064

2. Principal Place of Business

3737 N. Fed. Hwy
Suite, Apt. #, etc.

3. Mailing Address

3724 N.E. 18 Ter
Suite, Apt. #, etc.

REINSTATEMENT

05-06

City & State

Pompano Bch,
Fla

City & State

Florida

4. FEI Number

65-0027071

Applied For
Not Applicable

Zip

33064

Country

Broward

Zip

33064

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LETTMAN, ROBERT D.; P.A.
1750 UNIVERSITY DR. #108
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME RHOADES, GUY
STREET ADDRESS 10144 N.W. 1ST MANOR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE S
NAME RHOADES, GUY W.
STREET ADDRESS 9581 EVERGLADES PARK LN
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME RHOADES, CLINTON
STREET ADDRESS EVERGLADES PARK LANE
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800061910528
12/20/05--01007--016 **208.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800061910528
02/14/06--01024--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800061910528
12/05/05--01041--019 **550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel JAN 23 2006

12/15/05 954-782-6292
Date Daytime Phone #