PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 24 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 561859

1. Corporation Name
DAY + NIGHT TIRE + AUTO REPAIR INC

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
3300 NE 14th TERRACE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
POMPANO BCH FL	City & State
Zip 33064 County BROWARD	Zip County

4. Date Incorporated or Qualified To Do Business in Florida 3/13/87

5. FEI Number 59-2773984 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name CARMELLO GONZALEZ

100025T7400
12/26/03--01057--005 **150.00

Street Address (P.O. Box Number is Not Acceptable) 3300 NE 14th TERRACE

Suite, Apt. #, Etc.

City POMPANO BCH State FL Zip Code 33064

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 X Carmello Gonzalez REGISTERED AGENT MUST SIGN Date 12/22/03

CR2E061 (9/00)

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
P	CARMELLO GONZALEZ	3300 NE 14TH TERR	POMPANO BCH FL 33064

12/24

10. I certify that I am an officer or director of 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: X Carmello Gonzalez 12/22/03 954-484-6717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DECEMBER 22, 2003

DEAR SHAWN,

PLEASE BE ADVISED THAT THE UBR REPORT FOR DAY & NIGHT TIRE AND AUTO REPAIR WAS NOT RECEIVED BY ME SINCE THE ADDRESS ON THE UBR REPORT WAS NOT CORRECT. PLEASE ACCEPT THE PAYMENT OF $150.00 FOR THE 2003 AS A TIMELY PAYMENT. PLEASE CONTINUE TO MAIL FUTURE REPORTS TO 3300 NE 14TH TERRACE POMPANO BEACH, FL. 33064. I WILL MAKE SURE THE PAYMENT IS MADE ON TIME IN THE FUTURE. PLEASE REINSTATE THE CORPORATION AS SOON AS YOU CAN. LET ME KNOW IF YOU HAVE ANY PROBLEMS. THANK YOU FOR YOUR HELP IN THIS MATTTER.

SINCERELY,

Carmelo Gonzalez

CARMELO GONZALEZ
PRESIDENT