

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 11 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J98851

1. Corporation Name

BEN'S TIRES INC.

2. Principal Office Address

1775 N. FLORIDA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 669

Suite, Apt. #, etc.

City & State

WAUCHULA FL

City & State

WAUCHULA FL

Zip

33873

Country

HARDEE

Zip

33873

Country

HARDEE

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1987

5. FEI Number

65-0021882

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUDY GRAHAM

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

316 TERRELL ROAD

Suite, Apt. #, Etc.

City

WAUCHULA

State

FL

Zip Code

33873

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

Judy Graham

REGISTERED AGENT MUST SIGN

Date 2/13/02

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	LOYD WAYNE GRAHAM	316 TERRELL RD	WAUCHULA, FL 33873
D/VP	RICHARD W. GRAHAM	316 TERRELL RD	WAUCHULA, FL 33873
S	JUDY GRAHAM	316 TERRELL RD	WAUCHULA, FL 33873

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:

Judy Graham

JUDY GRAHAM

2/13/02

8637732637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)