

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K81025**

1. Corporation Name

O.K. TIRE SERVICE OF VENICE, INC.

Principal Place of Business

Mailing Address

**417 S TAMiami TRAIL
VENICE FL 34285**

**417 S TAMiami TRAIL
VENICE FL 34285**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



07-13-03 90048 042 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1989

5. FEI Number

65-0113096

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	4 City / State / Zip
DPS	COMBS, RALPH W.	500 S JESSICA	NOKOMIS FL
T	COMBS, RALPH W	500 S JESSICA	NOKOMIS FL

Handwritten signature and date 10/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**COMBS, RALPH W.
417 S TAMiami TRAIL
VENICE FL 34285-9626**

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 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Handwritten signature of Ralph W. Combs

REGISTERED AGENT, MUST SIGN

Date

11. 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)(l), 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:

Handwritten signature of Ralph W. Combs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

O.K. Tire Service of Venice , Inc

417 S. Tamiami Trail
Venice Florida 34275

(941) 488 1096 fax (941) 488 2302

October 10, 2003

The form I sent in July was the first form I had recieved.

The original never arrived. We also never recieved
the notice of correction.

We have contacted the post office now that I know there is a
problem

with the mail. The conformation number is c01119404.

We are asking that the late and reinstatment fees we waivered

Sincerly

Ralph Combs



President

OK
10/10/03

10/10/03