

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

REINSTATEMENT 03



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

07-13-03 90048 042 \$150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/14/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0113096

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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]
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]

Date

REGISTERED AGENT, MUST SIGN

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]
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.

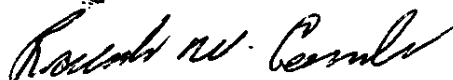
We have contacted the post office now that I know there is a
problem

with the mail. The conformation number is c01119404.

We are asking that the late and reinstatment fees we waivered

Sincerly

Ralph Combs



President