

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -7 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L06000018896

1. Limited Liability Company's Name

Trail America Tire & Wheel, LLC

2. Principal Office Address - No P.O. Box #
4021 S. Frontage Rd.

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33566

Country

USA

3. Mailing Office Address
917 Valley Ave. NW

Suite, Apt. #, etc.

Suite E

City & State

Puyallup, WA

Zip

98371

Country

USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 02/16/2006

6. FEI Number
20-4293541

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Terrie Wylly

Street Address (P.O. Box Number is Not Acceptable)
7107 Durant Rd

Suite, Apt. #, Etc.

City
Plant City

State
FL

Zip Code
33567

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Terrie Wylly

REGISTERED AGENT MUST SIGN

Date

4/1/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Hun Choe	5501 Orca Dr. NE	Tacoma, WA 98422
MGRM	Evergrowing International Co., Ltd.	Tropic Isle Bldg. PO Box 438 Road T	Tortola, British Virgin Island

300148436573
04/02/09--01020--016 **421.25

REINSTATEMENT 2007-09 JB

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Hun Choe

Date

03/30/2009

Daytime Phone #

253-770-7600

Typed or printed name of signing Managing Member/Manager Hun Choe