PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L09000078308

1. Limited Liability Company's Name

Dennis Tire LLC

2. Principal Office Address - No P.O. Box #

4616 Lenoir DR

Suite, Apt. #, etc.

3. Mailing Office Address

Po 472

Suite, Apt. #, etc.

City & State
Port Richey FL

City & State
Port Richey

Zip
34668

Country
Pasco

Zip
34693

Country
Pasco

4. State/Country of Formation
FL   Pasco

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number   ☐ 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
Dennis Kulck

Street Address (P.O. Box Number is Not Acceptable)
4616 Lenoir DR

Suite, Apt #, Etc.

City
Port Richey

State FL

Zip Code
34668

E-mail Address:

(To be used for future annual report notices)

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 _____ Date 3-4-11

REGISTERED AGENT MUST SIGN

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
mgrm	Dennis Kulck	4616 Lenoir DR	Port Richey FL 34668
	REINSTATEMENT 10, 11		

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager _____ Date 3-4-11   Daytime Phone # 727277 8400

Typed or printed name of signing Managing Member/Manager _____

MAY 1 0 2011