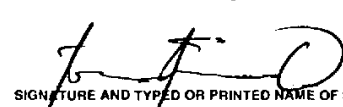


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L10588		Reinstatement 96-99	
1. Corporation Name K E F TIRE SERVICES, INC.		Principal Place of Business 90 W. 29 St. Hialeah, Fl. 33010	
Mailing Address 90 W. 29th St. Hialeah, Fl. 33010		If above addresses are incorrect in any way, line through incorrect information and enter correction below.	
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	
4. Date Incorporated or Qualified To Do Business in Florida 8/22/89		5. FEI Number 65-0139055	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/S/T	JOSE O. MOLINA	9350 S.W. 137 Ave #507	Miami, Fl. 33186
000002976680-- 5 -09/02/93--01001--007 ***1208.75 ***1208.75			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Signature of Registered Agent		Name JOSE O. MOLINA Street Address (P.O. Box Number is Not Acceptable) 90 W. 29th St. Suite, Apt. #, Etc. City Hialeah, State FL Zip Code 33010	
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.		Date 8/24/99	
11. This corporation owes the current year Intangible Personal Property Tax due June 30.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)	
12. 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: 		8/24/99 (305) 889-1158	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSE O. MOLINA, Pres.		Date Daytime Phone #	