

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

99 NOV -4 PM 12:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L46743**
 1 Corporation Name
Sawgrass Tire & Service Center, Inc.

Principal Place of Business Mailing Address
5393 N.W. 102nd Avenue
Sunrise, FL 33345

200003046922--3
-11/17/99--01017--022
******900.00 ****900.00**

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		4. Date Incorporated or Qualified To Do Business in Florida 1/25/90	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0189072	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P, D	Charles DiGiovanni	5393 N.W. 102 Avenue	Sunrise, FL 33345

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Michael Manes	
		Street Address (P.O. Box Number is Not Acceptable) 633 S. Federal Highway	
		Suite, Apt. #, Etc. 300A	
		City Pt. Lauderdale	State FL
		Zip 33301	

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.

Signature of Registered Agent: REGISTERED AGENT MUST SIGN Date: **10/25/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (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: **Charles DiGiovanni** **10/25/99** **344-1900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (12/98)