FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 MAR 28 PH 2:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L 58535

1. Corporation Name

Cotney-Rich wholesale Tires, Inc.

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

2819 phillips Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 70877

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

JAX   FL

City & State

Albany Ga

Zip

38007

Country

Duval

Zip

31708

Country

Dougherty

4. Date Incorporated or Qualified To Do Business in Florida 3-15-1990

5. FEI Number 59-2995665   ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75** Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Charles C. Rich

Street Address (P.O. Box Number is Not Acceptable) 2819 Phillips Hwy

Suite, Apt., Etc.

City Jacksonville   State FL   Zip Code 32207

80022655O648
03/28/12--01009--009 **$308.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____   Date 3-26-12

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Charles G. Rich	221 Danbury Lane	Albany, Ga 31908
VP	Opal W. Rich	" " "	" " "
		REINSTATEMENT	

10. **E-mail Address:** _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, 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: _____ - Charles G. Rich 3-26-12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

MAR 29 2012