

2007 FOR PROFIT CORPORATION REINSTATEMENT

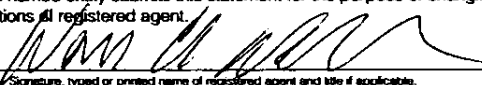
DOCUMENT # L65838	
1. Entity Name AMERICAN TIRE EXPRESS, INC.	

Principal Place of Business 12905 SW 84 AVENUE RD MIAMI, FL 33156 US	Mailing Address 12905 SW 84 AVENUE RD MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
WALKER, WAYNE 8358 SW 182 TERR MIAMI, FL 33157	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALKER, WAYNE	NAME	
STREET ADDRESS	8358 SW 182 TERR	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33157	CITY - ST - ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALKER, WAYNE	NAME	
STREET ADDRESS	8358 SW 182 TERR	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33157	CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: 	10/5/07	305-234-2944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

FILED

2007 OCT 15 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10042007 REIN-P CR2E098 (1/07)

4. FEI Number 65-0194819	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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10/16/07