


**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

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07 MAR 23 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M58873 1. Entity Name ECONOTIRES, INC.	
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Principal Place of Business 7140 NW 42 ST MIAMI, FL 33166	Mailing Address 7140 NW 42 ST MIAMI, FL 33166
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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

REINSTATEMENT 06-07



03102007 REIN-P CR2E098 (1/07)

4. FEI Number 65-0053554		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent MONTENEGRO, JOANNE 7140 NW 42 ST MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTENEGRO, JOANNE 7140 N.W. 42ND STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600095009526 04/06/07--01049--006 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTENEGRO, RENE, G 3766 ESTEPONA AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-07 305-599-2356



ECONOTIRES, INC.

3-14-07

DIVISION of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Will not
receive
notice

Dear Mrs. Patricia Bailey,

As per our telephone conversation this afternoon, I am submitting a check for \$300.00 for 2006 & 2007 Annual report fee. I understand and appreciate you waiving the penalty due to not receiving the information on the filing. I could not download the form for 2007 due to it being inactive. Any questions please feel free to call me. Thank you;

Wanda