

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 DEC 26 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M64023**

1. Corporation Name

TIRES WORLDWIDE CORP.

2. Principal Office Address

4620 S.W. 75th. AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33155

Country

MIAMI DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33155

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/1987

SP

5. FEI Number

65-0021410

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

RAY FERNANDEZ

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

4620 S.W. 75 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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

M Fernandez

Date

12/21/2000

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/S/D	RAY FERNANDEZ	4620 S.W. 75th. AVENUE	MIAMI, FL. 33155

10. 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:

M Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY FERNANDEZ, PRESIDENT

12/21/2000

Date

305 266-6666

Daytime Phone #