

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N92000000087

1. Corporation Name

BREVARD TIRE DEALERS ASSOCIATION, INC.

Principal Place of Business

730 WASHBURN ROAD
MELBOURNE FL 32934
US

Mailing Address

730 WASHBURN ROAD
MELBOURNE FL 32934
US

4246 Turtle mound Road
Melbourne
Florida
32934



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4246 Turtle mound Road
Melbourne Florida
32934 USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1992

5. FEI Number

59-3175776

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/O	SMISEK, RICK	1004 S WASHINGTON AVE	TITUSVILLE FL 32780
ST	WHITTINGTON, MIKE	730 WASHBURN ROAD	MELBOURNE FL 32934
VP	SPOTTS, FRANK	805 FLORIDA AVE	COCOA FL 32922
D	GREEN, MIKE	9318 E COLONIAL DRIVE SUITE A101	ORLANDO FL
D	PEREDA, DAN	1609 NORTH COCOA BLVD	COCOA FL 32922

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

WHITTINGTON, MIKE
730 WASHBURN RD
MELBOURNE FL 32934

730 Washburn Road

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

Mike Whittington

REGISTERED AGENT MUST SIGN

700004662967-4
-11/01/01-01055-015
****175.00 ****175.00
Date 10-15-01

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., 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:

Mike Whittington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

700004662967-4
-11/01/01-01055-016
****61.25 ****61.25
Date 10-15-01 2425956

Date

Daytime Phone #