PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Secretary of State DOCUMENT # \$\text{P00000018095}\$ 1. Corporation Name COLA CCAST TIRE OF FT LAUSERDALE, IAL 2. Principal Office Address - No P.O. Box # \[\sum_{SO9} \text{LYONS RD} \] 3. Mailing Office Address \[\sum_{S09} \text{LYONS RD} \] Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida \(\frac{2}{16}\) 2. Principal Office Address - No P.O. Box # \[\sum_{S09} \text{LYONS RD} \] 4. Date Incorporated or Qualified To Do Business in Florida \(\frac{2}{16}\) 2. Principal Office Address - No P.O. Box # \[\sum_{S09} \text{LYONS RD} \] 3. Mailing Office Address - No P.O. Box # \[\sum_{S09} \text{LYONS RD} \] 4. Date Incorporated or Qualified To Do Business in Florida \(\frac{2}{16}\) 2. \(\frac{16}{16}\) 4. Date Incorporated or Qualified To Do Business in Florida \(\frac{2}{16}\) 3. \(\frac{16}{16}\) 4. Date Incorporated or Qualified To Do Business in Florida \(\frac{2}{16}\) 4. Date Incorporated or Qualified To Do Business in Florida \(\frac{2}{16}\)	CORPORATION FLORIDA DEPARTMENT OF STATE							FILED		
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TALLAHASSEE, FIRRITE COUNCIDENT # \$00000018095 1. Corporation Name COUNCIDENT # \$181 80 03/05/08-01038-001 **4450,00 2. Principal Office Address - No P.O. Box # SOP LYUNS R.D. Sure, Apr. F. Rev. COUNTY CREEK, TU COCONUT CREEK, FU TO COUNTY CREEK, TU COCONUT CREEK, FU TO Sure Address of Current Registered Agent Name COO YD ORG TSKY Street Address of Courrent Registered Agent Name The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Chy COCONUT CREEK, FU Street Address of Courrent Registered Agent Name The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Chy COCONUT CREEK, FU Signature of Courrent Registered Agent of the Courrent				UIVISI	ION OF CC	KPOK	ATIONS		SECRETARY OF STATE	
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Suite, Apt. 8, etc Suite, Apt. 8, etc Suite, Apt. 8, etc Suite, Apt. 8, etc A. Date incorporated or Qualified To Do Business in Florida 2 / 16/00	•		1509 LYONS RD				EIN	CR2E081 (12/07)		
City & State COCONUT CREEK, FU Zip 3 3 063 7. Name and Address of Current Registered Agent Name LOYD ORFTSKY State Agents (P.O. Box Number in Not Acceptable) Sulfa, Apt. #, Etc. City CCCONUT CREEK FIL 33 063 3. In being appointed the registered perint in the Acceptable or received and requesting the reinstatement fee be waived. Signature of Registered Agent Registered Agent Addresses of Each Officor and/or Director (Piorda nonprofit corporations must list at least 3 directors) P. Names and Stored Addresses of Each Officor and/or Director (Piorda nonprofit corporations must list at least 3 directors) P. Names and Stored Addresses of Each Officor and/or Director (Piorda nonprofit corporation must list at least 3 directors) P. Names and Stored Addresses of Each Officor and/or Director (Piorda nonprofit corporation must list at least 3 directors) P. Names and Stored Addresses of Each Officor and/or Director (Piorda nonprofit corporation must list at least 3 directors) P. Names and Stored Addresses of Each Officor and/or Director (Piorda nonprofit corporation must list at least 3 directors) P. VUYD ORETSKY I. S. O. LYONS R.D. COCONVI CREEK, FU33063 S. T. JOSAUA ORETSKY I. S. O. LYONS R.D. COCONVI CREEK, FU33063 S. T. JOSAUA ORETSKY I. S. O. LYONS R.D. COCONVI CREEK, FU33063 S. T. JOSAUA ORETSKY I. S. O. LYONS R.D. COCONVI CREEK, FU33063 S. T. JOSAUA ORETSKY S. T. JOSAUA ORETSKY I. S. The information indicated on this form of qualify for an experiment of section 607, 7601 r. F. S. I further certify that when filing this invaluationers application, the meson for dissociution has been destinated the corporation covered by the originality of section 607, 7601 r. F. S. The information indicated on this form of qualify for an experiment of section 607, 7601 r. F. S. The information indicated on this form of qualify for an experiment of section 607, 7601 r. F. S. The information indicated on this sepication is true and eccapits, and my signature stall have the same legal effect as if mode								3.4100, (.207)		
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COCONNT CASER, FU Zip 33063 To Name and Address of Current Registered Agent Name LLOYD ORETSKY Street Address (P.O. Box Number is Not Agentable) Registered Agent	City & State		City & State							
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Titles Officers and/or Officer and/or Officers	7. Name and Address of Current Registered Agent									
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