

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000027456

1. Entity Name  
L & R USED TIRE SERVICES INC.



FILED

08 NOV 24 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
9402 N. NEBRASKA AVENUE  
TAMPA, FL 33612

Mailing Address  
9402 N. NEBRASKA AVENUE  
TAMPA, FL 33612



10312008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3644374

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENA, RUBEN D  
2105 E NAVAJO AVE  
TAMPA, FL 33612

Name EDUARDO CANAS  
Street Address (P.O. Box Number is Not Acceptable)  
7021 N. CAMERON AVE.  
City TAMPA FL 33614

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

11/12/2008

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2009, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PENA, RUBEN  
STREET ADDRESS 2105 E. NAVAJO AVE.  
CITY-ST-ZIP TAMPA, FL 33612

TITLE ☐ Change ☐ Addition  
NAME 800138367888  
STREET ADDRESS 12/02/08--01012--014 \*\*750.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PENA, MARCOS  
STREET ADDRESS 2105 E. NAVAJO AVE.  
CITY-ST-ZIP TAMPA, FL 33612

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/2008

Date

(813) 930-2101

Daytime Phone #