

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED 1058 75
03 JUL 21 AM 8:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000112496

1. Corporation Name

CARROLLWOOD TIRE, INC.

REINSTATEMENT 21-03

2. Principal Office Address

3521 BELL SHOALS ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

VALRICO, FL

City & State

Zip

33594-6187

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/2000

5. FEI Number

59-3678601

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

D. C. LONG

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

6822 OLD POLK CITY ROAD

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33809

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

REGISTERED AGENT MUST SIGN

Date

7-17-03.

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 D	D. C LONG	6822 OLD POLK CITY ROAD	LAKELAND, FL 33809
S D	DEANNA LONG	6822 OLD POLK CITY ROAD	LAKELAND, FL 33809
VP	SHAWN LONG	3521 BELL SHOALS ROAD	VALRICO, FL 33594
VP	SHANNON LONG	3521 BELL SHOALS ROAD	VALRICO, FL 33594

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/17/03

Date

863 657 4266

Daytime Phone #

CR2E081 (10/02)

7/22