

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP -2 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0100010756

1. Corporation Name

Temple Terrace Tire  
3521 BELL SHOALS ROAD  
VALRICO, FL 33594

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

11-20-2001

5. FEI Number

59-3755945

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)

3521 BELL SHOALS ROAD

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

60002201756

09/02/03--01058--015 \*\*90.00

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 08-29-03

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	3521 BELL SHOALS RD	VALRICO, FL 33594
VPD	SHAWN LONG	3521 BELL SHOALS RD	VALRICO, FL 33594
VPD	SHANDON LONG	3521 BELL SHOALS RD	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

8/29/03 813-754-1713

Date

Daytime Phone #

CR2E081 (10/02)

9/9/3