

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000017660

1. Entity Name
BUDD TIRE & REPAIR, INC.



Principal Place of Business
6050 PLAZA DRIVE
FT. MYERS, FL 33905

Mailing Address
6050 PLAZA DRIVE
FT. MYERS, FL 33905

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052007

REIN-P

CR2E098 (1/07)

4. FEI Number
03-0397578

Applied For
Not Applicable

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

COTTER, RICHARD
6100 ESTERO BLVD
FT MYERS BEACH, FL 33931

Name Vincent Dimarzo
Street Address (P.O. Box Number is Not Acceptable)
6050 Plaza Drive
City Ft. Myers FL Zip Code 33905

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

Vincent Dimarzo

(NOTE: Registered Agent signature required when reinstating)

4/15/07

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME VASBINDER, BUD
STREET ADDRESS 5461 HARBORAGE DR.
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE Director ☐ Change ☒ Addition
NAME Vincent Dimarzo
STREET ADDRESS 6050 Plaza Drive
CITY-ST-ZIP Ft. Myers, FL 33905

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

TITLE ☐ Delete
NAME
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:

Vincent Dimarzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07

DATE

239-693-6100

Daytime Phone #

FILED

2007 APR 23 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

