2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000128101

Entity Name: TIRE SUPPLY DEPOT, INC.

FILED Sep 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3350 WEST 17 CRT. 2131 N.W. 139 STREET HIALEAH, FL 33012 **BAY #18**

OPA-LOCKA, FL 33054

Current Mailing Address: New Mailing Address:

3350 WEST 17 CRT. 2131 N.W. 139 STREET HIALEAH, FL 33012 **BAY #18**

OPA-LOCKA, FL 33054

FEI Number: 02-0654395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEVY, JACK PRES LEVY, JACK PRES 600 N.E. 36TH STREET 600 N.E. 36TH STREET APT. #T-6 APT. #1003 MIAMI, FL 33137 US MIAMI, FL 33137 US

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.

SIGNATURE: JACK LEVY 09/11/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: (X) Change () Addition

LEVY, JACK LEVY, JACK Name: Name: 3350 WEST 17 CRT. 2131 N.W. 139 STREET Address: Address: City-St-Zip: HIALEAH, FL 33012 DA City-St-Zip: OPA-LOCKA, FL 33054 US

Title: PD (X) Delete Title: () Change () Addition

Name: NAJMAN, WOLF Name: 3350 WEST 17 CRT. Address: Address: HIALEAH, FL 33012 DA City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK LEVY PD 09/11/2005