

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000005953

Entity Name: FLORIDA COMMERCIAL TIRE, INC.

FILED
Oct 12, 2006
Secretary of State

Current Principal Place of Business:

110 W. HERMAN STREET
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

110 W. HERMAN STREET
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 58-2613405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSONS, JAMES A
726 MIKE GIBSON LANE
MILTON, FL 32583 US

Name and Address of New Registered Agent:

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: JAMES A PARSONS

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:

Title: PD () Delete
Name: PARSONS, JEFFREY B
Address: 1602 WAKE LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: SCEO () Delete
Name: PARSONS, JAMES A
Address: 726 MIKE GIBSON LANE
City-St-Zip: MILTON, FL 32583

Title: CFOD () Delete
Name: PARSONS, JAMES A
Address: 726 MIKE GIBSON LANE
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JEFFERY B PARSONS

PD

10/12/2006

Electronic Signature of Signing Officer or Director

Date