

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JUN -6 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000104711

1. Corporation Name

TIRES LINE OF AMERICA INC

2. Principal Office Address

1516 E COLONIAL DR

3. Mailing Office Address

1516 E COLONIAL DR

Suite, Apt. #, etc.

SUITE 107

Suite, Apt. #, etc.

SUITE 107

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32803

Country

ORANGE

Zip

32803

Country

ORANGE

**REINSTATEMENT**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/2003

5. FEI Number

20-0242964

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

ACCOUNT BOOKKEEPING CORP

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

5950 LAKEHURST DR

Suite, Apt. #, Etc.

SUITE 246

City

ORLANDO

State  
**FL**

Zip Code

32819

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

*(Signature)*  
REGISTERED AGENT MUST SIGN

Date 05/05/2006

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	FLAVIO DE OLIVEIRA	257 STERLING SPRINGS LN	ALTAMONTE SPRINGS, FL 32714
V	CIRO W DE OLIVRIRA	1516 E COLONIAL DR 107	ORLANDO, FL 32803
T	RENATA DE OLIVEIRA	257 STERLING SPRINGS LN	ALTAMONTE SPRINGS, FL 32714
C	PATRICIA NOIVO	1516 E COLONIAL DR 107	ORLANDO, FL 32803

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 contained in Chapter 119, 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)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

05-05-06

Date

Daytime Phone #

2022

June 01-2006

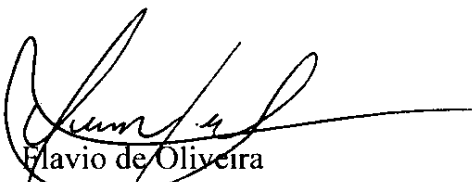
TO:  
DEBRA S COOPER  
DOCUMENT SPECIALIST  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

FROM:  
TIRES LINE OF AMERICA INC  
FLAVIO DE OLIVEIRA  
PRESIDENT

Ref. Number: P03000104711  
Letter Number: 206A00034837

We confirm never received an annual report notice from the Florida Department of Revenue for the years 2004, 2005, 2006, we would like to reinstate our Corporation, and for that I'm sending the payment for the annual report for all three years in the amount of \$458.75. We apologize for any inconvenience. If you have any further questions, please call Jose Alberto Lemus at 407-898-1757.

Sincerely:

  
Flavio de Oliveira  
President