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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION (	FLORIDA DEPARTMENT OF STATE Secretary of State			FILED
REIN	STATEMENT		ORPORATIONS		06 NOV 16 PM 12: 04
DOCUMENT # PO 3000 108087					NECRETARY OF STATE NELAHASSEE, FLORIDA
	ishiNE Tires and	SETUICES In	C		
					<b>A</b>
2. Principa	al Office Address	3. Mailing Office Address	3. Mailing Office Address		TATEMENT OC
3/20	N.W 965t	3120 N.W 965+			CR2E081 (12/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<u> </u>
				4. Date Incorporated or Qualified To Do Business in Florida	
City & State	)	City & State		10-1-2003	
Mian	ni, Florida			5. FEI Number   Applied For   Not Applicable	
Zip	Country	Zip Country		6.	
3314	7 U5A	33147	U56	CERTIFICATE	OF STATUS DESIRED for a Certificate of Status
<b>.</b>		7. Name and A	ddress of Current Register	ed Agent	
	Jose D Portillo				
	Street Address (P.O. Box Number is Not Acceptable)				
	0.00081878018				
	Suite, Apt. #, Etc.				5/0601071019 **150.00
	City				State Zip Code FL 33147
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 o Registered	Agent	EGISTERED AGENT MUST	. EICN		Date
0			·····		
9. Names	and Street Addresses of Each Officer and	d/or Director (Florida nonpro	<del></del>		
Titles	Name of Street Address of Ear Officers and/or Directors Officer and/or Direct				City / State / Zip
PD	Portillo Jose.	D 3120	) N·W 9657	<i>t</i>	MIBMI, FL 33147
Sŋ .	Rodriguez, TErESA	D 1383	16 5-W. 15	5 TE15	MIZMI, FL 33177
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 filling 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: 11-7-2006 - 305-926-8443					

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Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Re: Sunshine Tires and Services Inc. 3120 NW 96 St Miami, FL. 33147 FEI: 800077239

Dear Sirs:

In accordance with the State of Florida law, we are requesting a waiver of the reinstatement fee because our default on the corporation filling was caused by lack of receipts of the annual report notices.

Please waive the reinstatement fee. Attached are the corporation reinstatement form, the annual report and supplemental fees.

Sincerely,

Jose D. Portillo Sunshine Tires and Services Inc. 3120 NW 96 St Miami, FL. 33147