

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 AUG 28 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000153587

**1. Corporation Name**

TIRE & MORE CORP of JAX

**2. Principal Office Address**

8129 FORT CHISWELL TRAIL

Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

**City & State**

JACKSONVILLE

**City & State**

JACKSONVILLE

Zip ~~32244~~ 32244

Country

DUVAL

Zip

32244

Country

DUVAL

REINSTATEMENT

CR2F081 (8/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12-18-03

**5. FEI Number**

32-0101797

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

RICHARD PADIN

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

8129 FORT CHISWELL TRAIL

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32244

**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]*

Date

08/25/06

REGISTERED AGENT MUST SIGN

**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
PTS	RICHARD PADIN	8129 FORT CHISWELL TRAIL JACKSONVILLE 32244 FL	JACKSONVILLE, FL 32244

200079335322  
08/31/06--01040--008 \*\*450.00

**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 under section 119.07(3)(i), 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]*

Richard Padin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-06

Date

904-891-6017

Daytime Phone #

B. Mitchell

AUG 29 2006

20f2

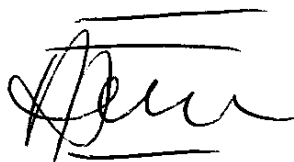
JAX, FL 08/25/06

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

Dear Sir or Madam

This is to state that I do not  
received 2004-2005-2006 ANNUAL REPORTS  
of TILLY & MORE CORP of JAX, here with CHECK for  
\$400.00 to reinstate the corp.

Thank



REYNALDO GINSBERG INCORPORATOR