FROM : FAX NO. : Jun. 08 2003 04:44PM P2

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 APR 19 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000125434

1. Entity Name
ABC TIRE, INC.

Principal Place of Business	Mailing Address
FLORIDA MEDICAL ASSOC. BLDG. 113 E. COLLEGE AVENUE #140 TALLAHASSEE, FL 32301	FLORIDA MEDICAL ASSOC. BLDG. 113 E. COLLEGE AVENUE #140 TALLAHASSEE, FL 32301
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01262006 REIN-P CR2E098 (11/05) 05-06

4. FEI Number 20-2000192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRANT,ABRAHAM,REITER,MCCORMICK & GREENE PA 50 N. LAURA STREET SUITE 2750 JACKSONVILLE, FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jan D. McCormick VP 4/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIORENTINO, T. MARTIN 113 E. COLLEGE AVENUE #140 TALLAHASSEE, FL 32301	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHON, MARK 113 E. COLLEGE AVENUE #140 TALLAHASSEE, FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900073455659 05/01/06--01032--019 **908.75
TITLE NAME STREET ADDRESS CITY ST ZIP	JB 4/21	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Mahon 3/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #