

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 FEB 24 AM 10:09

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

100170455181  
02/24/10--01037--011 \*\*308.75

CR2E081 (11/09)

DOCUMENT # P05000026059

1. Corporation Name

RAY TIRE SERVICES, CORP.

2. Principal Office Address - No P.O. Box #

14301 SW 147TH PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

14301 SW 147TH PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33196

Country

USA

Zip

33196

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/18/2005

5. FEI Number  
20-2377794

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  
WALTER ROMERO

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

14301 SW 147TH PLACE

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33196

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 02/22/2010

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/T/S/D	WALTER ROMERO	14301 SW 147TH PLACE	MIAMI, FL 33196
			AL MILLIGAN EXAMINER
			FEB 25 2010

10. E-mail Address:

(To be used for future annual report notification)

11. 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, I further certify, 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:

WALTER ROMERO

02/22/2010 786-586-9159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #