

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 FEB -4 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000117050920  
02/05/08--01018--022 \*\*450.00

REINSTATEMENT 06-08<sup>KS</sup>  
CR2E081 (12/07)

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 905000128439

1. Corporation Name

Ticolo Tires INC.

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

5329 15<sup>th</sup> ST. E

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34203

Country

3. Mailing Office Address

5329 15<sup>th</sup> ST E

Suite, Apt. #, etc.

City & State

Bradenton

Zip

34203

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/2005

5. FEI Number

26-0190480

☐ 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

Juan Ernesto Murga

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

3709 61<sup>st</sup> Drive East

Suite, Apt. #, Etc.

City

Bradenton

State

FL

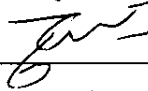
Zip Code

34203

☒ 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

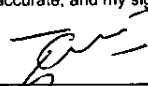
Date 01-09-08

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
Secretary	Marianela Lopez	3709 61 <sup>st</sup> Drive East	Bradenton, FL 34203
PRES	JUAN ERNESTO MURGA	3709 61 <sup>st</sup> DRIVE EAST	BRADENTON, FL 34203

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-08 (941) 730-9589

Date

Daytime Phone #