

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000134955 1. Entity Name CLAY TIRE, INC.					
Principal Place of Business 1601 SOUTH ORANGE AVE. GREEN COVE SPRINGS, FL 32043			Mailing Address 1601 SOUTH ORANGE AVE. GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1035 Suite, Apt. #, etc.			
City & State		City & State GREEN COVE SPRINGS, FL		4. FEI Number 20-3532236	
Zip 32043	Country CLAY/USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON, LARRY A 1601 SOUTH ORANGE AVE. GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMPSON, LOIS L 1601 SOUTH ORANGE AVE. GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.			700080879527 10/16/06--01048--003 **150.00		
SIGNATURE: <u>Lois L. Simpson</u> Lois L. Simpson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10-11-06 904-284-4747 <small>Date Daytime Phone #</small>		