

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 NOV 12 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0200000938261

1. Corporation Name

Tire Masters Auto Care & Brake, Inc.

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

2180 Crawfordville Hwy. 2620 S. Monroe St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Tallahassee, FL

Zip

32327

Country

US

Zip

32301

Country

US

REINSTATEMENT 09-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/14/06

5. FEI Number

20-5189966

☐ 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

Bryan Phillips

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

2620 S. Monroe St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

300187708803
11/15/10--01001--014 **500.00

300187708803
11/15/10--01001--013 **408.75

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

Bryan Phillips

REGISTERED AGENT MUST SIGN

Date 11-12-10

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
Pres.	Bryan Phillips	3204 Katherine Speed Ct.	Tallahassee, FL 32303

K 11/12

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:

Bryan Phillips

Bryan Phillips

11-12-10 (850) 271-2481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #