

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 12 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

~~REINSTATEMENT~~
Annual Report Fee 2010

DOCUMENT # P 06000 113601

1. Corporation Name

Amilcar Tires Corporation

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

2595 NW 33rd

3. Mailing Office Address

Suite, Apt. #, etc.

Bay # 6

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

Country

Zip

Country

33142

4. Date Incorporated or Qualified
To Do Business in Florida

2006

5. FEI Number

20-5476868

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

Amilcar Mayorga

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

2910 NW 22nd

Suite, Apt. #, Etc.

City

Miami FL

State

Zip Code

FL 33142

☐ 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

A. Mayorga

REGISTERED AGENT MUST SIGN

Date

05/08/10

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 |
|--------|--------------------------------------|---|--------------------|
| Owner | Fanny De Jesus | 2910 NW 22nd | Miami FL 33142 |
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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:

Fanny De Jesus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/08/10

Daytime Phone #

5113