

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 12 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
~~REINSTATEMENT~~
Annual Report Fee 2010

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 06000 113601

1. Corporation Name
Amilcar Tires Corporation

2. Principal Office Address - No P.O. Box #
2595 NW 37 St

3. Mailing Office Address

Suite, Apt. #, etc.
Bay # 6

City & State
Miami, FL

Zip Country
33142

700180786037
05/12/10--01037--019 **158.75
CR2E081 (12/08)

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 22 St

Suite, Apt. #, Etc.

City State Zip Code
Miami 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 Date 05/08/10
REGISTERED AGENT MUST SIGN

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 22 St	Miami FL 33142

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 Date 05/08/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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