


attachment 1 of 2

2008 FOR PROFIT CORPORATION
REINSTATEMENT

FILED

08 OCT -7 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000103689 1. Entity Name TIRE SERVICE PLUS CO.	
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Principal Place of Business 149 NW 16TH ST. BELLE GLADE, FL 33430	Mailing Address 149 NW 16TH ST. BELLE GLADE, FL 33430
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



09302008 REIN-P CR2E098 (1/07)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BETANZOS, JOE A 16 NW AVE G BELLE GLADE, FL 33430		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETANZOS, JOE A 16 NW AVE G BELLE GLADE, FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900136689439 10/07/08--01010--015 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, ANGEL L 113 SEGURA ST. ROYAL PALM, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2008 KS

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.

SIGNATURE: Joe A Betanzos President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SY

TIRE SERVICE PLUS CO.

149 NW 16th Street
Belle Glade, FL 33430

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Reinstatement of TIRE SERVICE PLUS CO.
DOCUMENT NO. P07000103689

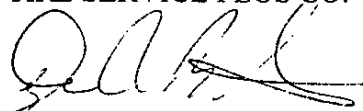
Dear Sir/Madame:

Please accept this request to waive the re-instatement fee of my company referenced above.

I did not receive the notice from Division of Corporations to file Annual Report. Enclosed with my correspondence is a check in the amount of \$158.75, in payment of my 2008 Annual Report Fee and a Certificate of Status. Also, enclosed please find the completed application to reinstate.

Thank you for your favorable consideration of my request. Should there be any questions, please contact me at (561) 985-1894.

Very truly yours,
TIRE SERVICE PLUS CO.



Joe A. Betanzos, President

Enclosures

PLEASE FOWARD THE CERTIFICATE OF~STATUS TO THE FOLLOWING ADDRESS:
DONIA A. ROBERTS, ESQUIRE
ATT: JACQUIE MURRAY, LEGAL ASST.
1100 N. MAIN STREET, SUITE C
BELLE GLADE, FLORIDA 33430