

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000029573

**FILED**  
**Dec 06, 2010**  
**Secretary of State**

**Entity Name:** TIRE DEPOT & AUTO CARE, INC.

**Current Principal Place of Business:**

4917 N UNIVERSITY DRIVE  
LAUDERHILL,, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

4917 N UNIVERSITY DRIVE  
LAUDERHILL,, FL 33351

**New Mailing Address:**

**FEI Number:** 80-0165750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMERON, KARYN  
4917 N UNIVERSITY DRIVE  
LAUDERHILL, FL 33351 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** KARYN CAMERON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PTS  
**Name:** CAMERON, KARYN  
**Address:** 9864 NW 2ND COURT  
**City-St-Zip:** PLANTATION, FL 33324

**Title:** VP  
**Name:** WATKINS, ANTHONY  
**Address:** 9864 NW 2ND COURT  
**City-St-Zip:** PLANTATION, FL 33324

**Title:** VP  
**Name:** MCLEAN, JEROME O  
**Address:** 6436 NW 53RD STREET  
**City-St-Zip:** LAUDERHILL, FL 33319

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JEROME MCLEAN

VP

12/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date