

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

18 JAN 18 PM 4:23

DOCUMENT # P150000 43493

1. Corporation Name

International Tire Group, Inc.

400306933374
01/18/18--01018--018 **35.00

400306933374
12/21/17--01023--026 **600.00

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

607 S Pine Ave

Suite, Apt. #, etc.

3. Mailing Office Address

607 S Pine Ave

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala, FL

Zip

34471

Country

USA

Zip

34471

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/15

5. FEI Number

47-4024401

☐ 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

Erik Zwaan

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

607 S Pine Ave

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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

Date 12/19/17

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
P	Erik Zwaan	607 S Pine Ave	Ocala FL 34471

10. E-mail Address: e.zwaan@hotmail.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/17

Date

407 793 2174

Daytime Phone #