

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -3 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000015284

1. Corporation Name
M+M TIRE SERVICE INC.

200015284602
04/03/03--01025--023 **450.00

01-03 SUBC [Signature]

2. Principal Office Address 7802 NW 103 ST		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH GARDENS FL.		City & State	
Zip 33016	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/30/92	
5. FEI Number 65-0360324	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for Certificate of Status	

7. Name and Address of Current Registered Agent

Name
TOMAS P RAMOS

Street Address (P.O. Box Number is Not Acceptable)
1050 W 35ST

Suite, Apt. #, Etc.

City
HIALEAH

State
FL

Zip Code
33012

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 X [Signature] REGISTERED AGENT MUST SIGN Date 3/26/13

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	TOMAS P. RAMOS	1050 W. 35ST	HIALEAH FL. 33012
VP	DIGNA RAMOS	1050 W. 35ST	HIALEAH FL. 33012

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 under section 119.07(3)(i), 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/26/03 Daytime Phone # 305362-2777

CR2E081 (10/02)