

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 8 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000664

1. Corporation Name

MARACAY TIRE, INC.

2. Principal Office Address

2216 NW 28 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL. 33127

Zip

33127

Country

USA

3. Mailing Office Address

THE SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/06/93

5. FEI Number

65-0380436

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

AMPARO JAIMES

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

2216 NW 28 STRET

Suite, Apt. #, Etc.

City

MIAMI, FL. 33127

State
FL

Zip Code

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. J. Jaim

REGISTERED AGENT MUST SIGN

Date 01/29/02

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
PD	AMPARO JAIMES	10416 NW 32 PLACE	MIAMI, FL. 33147
VSD	JOSE MARTINEZ	10416 NW 32 PLACE	MIAMI, FL. 33147

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:

A. J. Jaim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/02

Date

Daytime Phone #

CR2E081 (9/00)