APPLICATION FOR REINSTATEMENT FOR P94000037080

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -6 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P94000037080

SPARTAN TIRE INC.
5518 St Rd 54
New Port Richey, FLA 34652

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

REINSTATEMENT

3. Date Incorporated or Qualified To Do Business in Florida: MAY 13, 1994

4. FEI Number: 59-3243268 ☐ FEI Number Applied For ☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
Pres	Ronald B. Smith	16802 Whirley Rd	Lutz, FLA 33549
Sec/Treas	Gayla W. Smith	16802 Whirley Rd	Lutz, FLA 33549
			300002003323---6 -11/13/96--01156--010 ****575.00 ****575.00
			300002003323---8 -11/13/96--01156--011 *******8.75 *******8.75

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☒ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

Lewis ~~Nancy~~ JABLONSKI
5518 St Rd 54
New Port Richey, FLA 34652

7. Name and Address of New Registered Agent

Name: GAYLA W. SMITH
Street Address (Do NOT Use P.O. Box Number): 16802 Whirley Rd
Street Address (Do NOT Use P.O. Box Number):
City and State: Lutz, FL
Zip Code: 33549

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent: Gayla W Smith Date: 10-23-96
REGISTERED AGENT MUST SIGN

9. 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. 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 of Officer or Director: Ronald B Smith Date: 10-23-96 Phone #: 813-849-8473

Typed or printed name of signing officer or director: Ronald B. Smith

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☒