

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -7 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075439

1. Corporation Name

AIRPORT TIRE COMPANY INCORPORATED

Principal Place of Business

Mailing Address

3951 S W 83RD TERR
DAVE FL 33328
US

3951 S W 83RD TERR
DAVE FL 33328
US

REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/10/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0528156	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	RITBERGER, GREGORY T	3951 S W 83RD TERR	DAVE FL
D	WASHECKA, EDWARD A	5721 NW 74 AVE	TAMARAC FL 33321

DELETE

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-11/14/96--01033--024
****375.00****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WASHECKA, EDWARD A~~
~~5721 NW 74 AVE~~
~~TAMARAC FL 33321~~

Name: GREGORY T. RITBERGER
Street Address (P.O. Box Number is Not Acceptable): 3951 S W 83 TERRACE
Suite, Apt. #, Etc.:
City: DAVE
State: FL
Zip Code: 33328

10. 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: *[Signature]* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN
Date: 10/17/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/17/96
Daytime Phone #: