

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -7 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010656

1. Corporation Name

AFFILIATES TIRE SERVICES, INC.

2. Principal Office Address

7800 113TH STREET N.

3. Mailing Office Address

7800 113TH STREET N.

Suite, Apt. #, etc.

SUITE 207

Suite, Apt. #, etc.

SUITE 207

City & State

SEMINOLE, FL

City & State

SEMINOLE, FL

Zip

33772

Country

USA

Zip

33772

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/08/1995

5. FEI Number

59-3310120

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

MICHAEL A. MURPHY

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

7800 113TH STREET N.

Suite, Apt. #, Etc.

SUITE 207

City

SEMINOLE

State

FL

Zip Code

33772

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

4/3/03

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
PRES	MICHAEL A. MURPHY	8923 79TH AVENUE N.	SEMINOLE, FL 33772

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. MURPHY

Date

4/30/03

Daytime Phone #

727-397-9301

CR2E081 (10/02)


AFFILIATES TITLE SERVICES, INC.  
7800 113TH STREET N., SUITE 207  
SEMINOLE, FL 33772  
PHONE 727-397-9301

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

In Re: Reinstatements

Please find attached my check for the amount of \$300.00 which represents the 2002 and 2003 filing fees. I honestly do not recall ever receiving a UBR for 2002 and therefore had to request a blank statement in March for one to be sent to me. The reinstatement is attached. I ask that you waive the reinstatement fee as I do not recall receiving this last year. I appreciate your consideration in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Michael A. Murphy', with a long horizontal flourish extending to the right.

Michael A. Murphy  
President