

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000022233

1. Corporation Name

RAY'S TIRE & AUTO, INC.

Principal Place of Business

651 S FLORIDA AVENUE  
LAKELAND FL 33801

Mailing Address

651 S FLORIDA AVENUE  
LAKELAND FL 33801

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 96

Not Incorporated or Qualified  
To Do Business in Florida

03/17/1995

5. FEI Number

59-3299899

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SMITH, RAY	2244 MALACHITE DR	LAKELAND FL 33809
D	SMITH, JANET	2244 MALACHITE DR	LAKELAND FL 33809
			900002011709--0 -11/22/96--01002--016 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

SMITH, RAY  
2244 MALACHITE DR  
LAKELAND FL 33809

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 7.505, F.S.

Signature of  
Registered Agent

*Ray Smith*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/18/96

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)(f), 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:

*Ray Smith*  
RAY SMITH Pres.

SIGNATURE REQUIRED

Ray Smith

Date

Daytime Phone #

11/18/96