	PLEASE	READ ALI	L INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FOI	RM.	
API	PLICATION	67.6 TA	-LORINA	TME	T F STATE				
<u> </u>	FOR		S	Sectors B. Mc	Statt			esant EMA.	
DIVISION OF CORPORATIONS									
DOCUMENT # P95000052347						98 APR 27 AM 7:41			
1. Corporation Name AVD TIRES, INC.									
וו שזא	irtes, 1140.						SECRETARY TALLAHASSE	E. FLORIDA	
Principal Pl	ace of Business	M	ailing Addre	ss					
741 BELVEDERE ROAD WEST PALM BEACH FL 33405			741 BELVEDERE ROAD WEST PALM BEACH FL 33405						
ALEGI LUCIN DEVOLI LE 2000 AEST LAUM				ENON PL 33403			# 46181 61514 80515 80115 8 8611 0	DIDI DIKIR KIDRO KIKA EKRIL FOL	
Makasa -		. P. al. I							
If above addresses are incorrect in any way, line throug 2. New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business In Florida 07/07/1995			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01/01/1000			
City & State			City & State			5. FEI Number	65-0594023	Applied Not An	d For
Zip Country		Zip	р	Country	,	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			required
7. Names a	and Street Addresses of Fac	h Officer and/or Di	rector (Flori	da nonnrofit cornore	tions must list at lea		OF STATES DESIRED	for a Certificate of	Status
Title(s)	Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director 2							-	
PD] 2			741 BELVEDERE		WEST PALM BEACH FL 33405			
ST MARTINEZ, HORTENSIA A			ĺ	741 BELVEDERE	ROAD	WEST PALM BEACH FL 33405			
			4			00002507 184 2 -05/01/9801008 <u>01</u> 6			
					<u></u>		****175.1	30 *****175.	90
	8. Name and Address	s of Current Regis	stered Agen	ıt		9. Name and A	ddress of New Regist	ered Agent	
TUTTLE, RAQUEL T					Name Hortei	ISIA A	MARTIN	vez	78/87
1326 N. DIXIE HWY.						05/A A. MARTINEZ 0. Box Number is Not Acceptable) 0. Diwk HWY			25
SUITE I	VORTH FL 33460				Suite, Apt. #, Etc.	· vince			è
					City LAKE	Work		State Zip Code FL 33460	$\overline{}$
10. I, being	appointed the registered ag-	ent of the above na	med corpor	ation, am familiar wit	h and accept the ob	ligations of Section	on 607.0505, F.S.		
Signature of Registered /			\sim				Date April	20-98	
11 Th	d harmaratian au			NT MUST SIGN					1
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No									
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 filling 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 a	pplication is true and accura	te, and my signatur	re shall have	the same legal effe	ct as if made under	oath.	2. 200mon 110.01(b)(l), l	c. The biletinginging	GIODIOU
		, -			_	.	0 - ~ 1	٦	
SIGNATURE: 5-UAN JARIINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #									