

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR *96*  
REINSTATEMENT



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

FILED

96 NOV 27 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000076349**

1. Corporation Name  
**GILBERT TIRES SERVICES, INC.**

Principal Place of Business  
**2805 NORTH UNIVERSITY DRIVE  
DAVE FL 33314**

Mailing Address  
**2805 NORTH UNIVERSITY DRIVE  
DAVE FL 33314**



**REINSTATEMENT**

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.		10/05/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0612604	
				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)

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
PSID	ALVINO, GILBERTO A	2805 NORTH UNIVERSITY DRIVE	DAVE FL 33314

500002018115--7  
-12/03/96--01117--021  
\*\*\*\*375.00 \*\*\*\*375.00

*JB 11-27-96*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134		Name GILBERTO ALVINO	
		Street Address (P.O. Box Number is Not Acceptable) 2805 N. UNIVERSITY DR	
		Suite, Apt. #, Etc.	
		City DAVE	
		State FL	
		Zip Code 33314	

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 *Gilberto Alvino* **SIGNATURE REQUIRED** Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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: *Gilberto Alvino* **SIGNATURE REQUIRED** Date *9/26/96*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR