

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # P96000007360

**1. Corporation Name**

TIRES, WHEELS & ACCESSORIES USA CORP

**2. Principal Office Address**

329 N.E. 166TH STREET

**3. Mailing Office Address**

329 N.E. 166TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI

City & State

NORTH MIAMI

Zip

33162

Country

USA

Zip

33162

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/24/1996

**5. FEI Number**  
65-0782450

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

M CECILIA VALCARCEL

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

329 N.E. 166TH STREET

Suite, Apt. #, Etc.

City

NORTH MIAMI

10/27/03 01023 022\*600.  
000035795960  
05/10/04-01026-023 \*\*302 75  
State Zip Code  
FL 33162

**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

*M. Cecilia Valcarcel*

REGISTERED AGENT MUST SIGN

Date *May 5th 2004*

**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
PS	VALCARCEL, M CECILIA	329 N.E. 166TH STREET	NORTH MIAMI, FL 33162

**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:

*M. Cecilia Valcarcel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 05 2004

Date

(305) 354-8222

Daytime Phone #

CR2E081 (01/04)