

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 # **P96000027367**

1. Corporation Name

TIREŠ, INC.

Principal Place of Business

7106 NORTH DAVIS HIGHWAY
PENSACOLA FL 32504

Mailing Address

7106 NORTH DAVIS HIGHWAY
PENSACOLA FL 32504

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

8958 DAVIS HWY

PENS. FL. 32514

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1996

5. FEI Number

65-0677274

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) |
|----------|--------------------------------------|---|
| P | BURKS, BARNEY B JR. | 3386 CHANTARENE |
| VP | BURKS, III, BARNEY B | 4588 SEA VISTA CT. 3386 CHANTARENE |
| VP | VANNOY, JAMES T | 8958 DAVIS HWY. 8655 BROOKHIRE DRIVE |
| | | |
| | | |
| | | |
| | | |

City / State / Zip
PENSACOLA FL 32507
QUILA BRIDGE, FL. 32561
PENSACOLA FL 32507
PENSACOLA FL 32504

8. Name and Address of Current Registered Agent

BURKS, BARNEY B JR.
3386 CHANTARENE
PENSACOLA FL 32507

9. Name and Address of New Registered Agent

Name
VANNOY, James T.
Street Address (P.O. Box Number is Not Acceptable)
8958 N. DAVIS HWY.
Suite, Apt. #, Etc.

City
PENSACOLA

State
FL

Zip Code
32504

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

REGISTERED AGENT MUST SIGN

Date **11/20/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/20/98 (850) 474-8778**