

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000069262**

1. Corporation Name

MICHIGAN TIRES DISTRIBUTORS CORPORATION

Principal Place of Business

2750 N MICHIGAN AVE
B-3
KISSIMMEE FL 34744
US

Mailing Address

4006 BEAU RIVAGE COURT, #1
KISSIMMEE FL 34746



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

REINSTATEMENT 02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
516 E. Osceola Pkwy

Suite, Apt. #, etc.

City & State
Kissimmee, FL

City & State
Kissimmee, FL

Zip
34744

Zip
34744

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1996

5. FEI Number

59-3399226

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	CARDONA, ALEXANDER	101 ALCALA DR	KISSIMMEE FL 34758

500008750835
11/01/02--01026--011 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARDONA, ALEXANDER
101 ALCALA DRIVE
KISSIMMEE FL 34758

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date **10-28-02**

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-02