

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 23 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000069262

1. Corporation Name

Michigan Tires Dist

2. Principal Office Address

516 E. Osceola Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

E. Osceola Pkwy

Suite, Apt. #, etc.

516

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34744

Country

Osceola

Zip

34744

Country

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

08. 1996

5. FEI Number

593399226

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

Alexander Cardona

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

4006 Beau Rivage Ct.

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34746

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

[Signature]

Date 10.25.04

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|---------------------|
| Pres. | Alexander Cardona | 4006 Beau Rivage Ct | Kissimmee, FL 34746 |
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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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.25.04 (407) 346-3988

Date

Daytime Phone #

CR2E081 (01/04)