

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 14, 2008  
Secretary of State**

DOCUMENT# P97000017812

Entity Name: TIRE MASTER, INC.

**Current Principal Place of Business:**

101 NW 27TH AVE.  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

101 NW 27TH AVE.  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 65-0735209      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAST, LOUIS F  
4805 NW 79 AVE.  
SUITE 9  
DORAL, FL 33166 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LOUIS F CAST

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSVT ( ) Delete  
Name: CAMPOS, DANIEL  
Address: 540 NW 132 CT  
City-St-Zip: MIAMI, FL 33182

Title: V ( ) Delete  
Name: CAMPOS, ISABEL  
Address: 540 NW 132 CT  
City-St-Zip: MIAMI, FL 33182

Title: V ( ) Delete  
Name: CAMPOS, DANIEL A  
Address: 540 NW 132 CT  
City-St-Zip: MIAMI, FL 33182

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL CAMPOS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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11/14/2008

\_\_\_\_\_  
Date