

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 APR 13 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000025408

1. Corporation Name  
Quality Tire International, Inc.

Principal Place of Business Mailing Address  
6695 NW 36 AVE  
Miami, FL 33147

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

2. New Principal Office Address, If Applicable  
3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 3-20-97  
5. FEI Number 65-0754810  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 93-99

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)	City / State / Zip
PDVRS.	Miguel A. Benedetty	6695 NW 36 AVE	Miami, FL 33147

100002861611-7  
-05/04/99--01042--006  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

William J. Sanchez, Esq.  
10621 N. KENDALL Dr. Suite 208  
Miami, FL 33176

9. Name and Address of New Registered Agent

Name Miguel A. Benedetty  
Street Address (P.O. Box Number is Not Acceptable) 6695 NW 36 AVE  
Suite, Apt. #, Etc.  
City Miami  
State FL Zip Code 33147

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 4/7/99

11. This corporation owes 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)(b), 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: Miguel A. Benedetty 4/7/99 (305) 696-6640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Telephone #

CR2098 (12-98)