

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99 10/2

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 NOV 18 PM 3:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000025408

1. Corporation Name

QUALITY TIRE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

6695 N.W. 36 AVENUE MIAMI FL 33147

6695 N.W. 36 AVENUE 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

4. Date Incorporated or Qualified To Do Business in Florida

03/20/1997

12575 Orange Drive Suite, Apt. #, etc.

12575 Orange Drive Suite, Apt. #, etc.

5. FEI Number

65-0754810

Applied For

Suite 301

Suite 301

Not Applicable

City & State Davie FL

City & State Davie FL

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip 33330 Country

Zip 33330 Country

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
PDVS	BENEDETTI, MIGUEL A	6695 NW 36 AVENUE	MIAMI FL

700008758007 11/01/02--01058--010 **150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENEDETTI, MIGUEL 6695 NW 36 AVENUE MIAMI FL 33147

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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

11/12/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel A. Benedetti

Date

Daytime Phone #

11/12/02

CRE040 (8/02)

pg 2 of 2

QUALITY TIRE INTL.



October 25, 2002

Florida Department of State
Division of Corporations
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 32314-6327

Ref: FEI Number 65-0754810

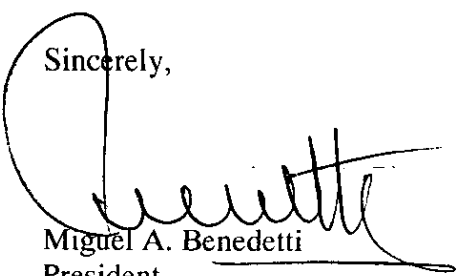
Dear Sirs:

I am writing this letter to you as president of Quality Tire International, Inc. to let you know that my company did not file the Uniform Business report (UBR) last year because I never received the form. Therefore I am asking for the reinstatement fee to be waived.

Enclosed please find an application for reinstatement along with a check for the amount of \$150.00 as per your instructions.

Thank you very much for your attention to this matter, I remain,

Sincerely,



Miguel A. Benedetti
President

Encl.