

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 30 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000059795

1. Entity Name
TIRE TRUST, INC.Principal Place of Business
10 W GREGORY ST
PENSACOLA, FL 32501Mailing Address
10 W GREGORY ST
PENSACOLA, FL 32501

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

2008 (1/07)

08

4. FE Number
55-3456196Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINOTE, MARK W
3687 LUTHER FOWLER RD.
MILTON, FL 32671

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title as provided

(NOTE: Registered Agent signature required when reinstating)

DATE

FILING FEE: \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	HINOTE, MARK W	3687 LUTHER FOWLER RD.	PAGE, FL 32571	

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR

12-19-08

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