

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 19 AM 11:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000087454**

1. Corporation Name

**FLEETMASTERS TIRE SERVICE, INC.**

Principal Place of Business

Mailing Address

4866 POWERLINE ROAD  
 POMPANO BEACH FL 33073

4866 POWERLINE ROAD  
 POMPANO BEACH FL 33073

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/09/1997

5. FEI Number

65-0787318

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HOWAR, ABE	2675 HACKNEY RD	FT LAUDERDALE FL 33331
D	SHAMBLIN, DAVID	4150 SW 56 AVE	DAVIE FL 33314
D	DIXON, PHILLIP	825 NW 80 TERR	MARGATE FL 33063
D	HALL, STEPHEN J	1213 E RIVER DR	MARGATE FL 33063
			80000269928--6. -12/02/98--01031--001 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALL, STEPHEN J  
 4866 POWERLINE ROAD  
 POMPANO BEACH FL 33073

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.

Signature of Registered Agent

*Stephen J. Hall* **REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid 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)(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: *Stephen J. Hall* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-98

Date

954-970-8830

Daytime Phone #

CR2E040 (9/98)