PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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



98 NOV 19 AMII: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

						REINSTATEMENT 98				
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							LICE A			
							Date Incorporated or Qualified To Do Business in Florida 10/09/1997			
Suite, Apt. #, etc. Suite, A			Suite, Apt. #,	t. #, etc.			5. FEI Number Applied For			
City & State			City & State			- •	65-0787318 Not Applicable			
							6.	\$8.75 Additional Fee require		
Zip Country			Zip Country				CERTIFICATE OF STATUS DESIRED for a Cartificate of Status			
7. Names a	and Street Ad	dresses of Each Officer and	or Director (Fla	rida nonprofit o	corporations	s must list at lea	st 3 directors)			
Title(s) Name of Officers and/or Directors 2				3 (Do N	Officer	Address of Each and/or Director st Office Box Nu		City / State / Zip		
D	 				KNEY RD			FT LAUDERDALE FL 33331		
D *	SHAMBLIN, DAVID 4150 SW				6 AVE			DAVIE FL 33314		
D	DIXON, PHILLIP 825 NW 80 TEI) TERR		MARGATE FL 33063			
Ð	HALL, STE	PHEN J		1213 E RIVER DR			MARGATE FL 33063			
							81	100026999286. -12/02/9801031001 ****750.00 *****750.00		
	8. Nam	e and Address of Current	Registered Age	ent			9. Name and	Address of New Registered Agent		
A CONTRACTOR OF THE PROPERTY O							•			
HALL, STEPHEN J					SI	Street Address (P.O. Box Number is Not Acceptable)				
4866 POWERLINE ROAD				and/or Directors 3 (Do NOT Use Post Office Box Numbers) 2675 HACKNEY RD 2675 HACKNEY RD 4150 SW 56 AVE Base Numbers DAVIE FL 33314 Base Numbers DAVIE FL 33063 DAVIE FL 330						
POMPANO BEACH FL 33073					3	une, Apr. #, Erc.				
·e						FL •				
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. A finature of Registered Agent REQUIRED REGISTERED AGENT MUST SIGN Date										
44										
11. This corporation owes or has paid the current year (See bith like of property tax due June 30 Yes No										

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

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-98

954-970-8830

Daytime Phone #