

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 15 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9800 0002 246

1. Corporation Name

TOMMY'S TIRES & AUTO MOTOR SERVICE CORP.

2. Principal Office Address

17055 OVERSEAS HWY.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 440042

Suite, Apt. #, etc.

City & State

SUGAR LOAF SHORES, FL

City & State

SUGAR LOAF KEY, FL

Zip

33042

Country

U.S.A.

Zip

33042

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

FL.

5. FEI Number

65-0813126

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS J. ORTEGA

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

156 SPANISH MAIN DR.

Suite, Apt. #, Etc.

City

CUDJOE Key.

State

FL

Zip Code

33042

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Thomas J. Ortega
REGISTERED AGENT MUST SIGN

Date 5-10-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	THOMAS J. ORTEGA	156 SPANISH MAIN	CUDJOE Key, FL 33042
SECRETARY	THOMAS J. ORTEGA		
10			
351.25 - AR			
10.00 - ARRRRS			
88.75 - ARSH			

10. 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:

Thomas J. Ortega

THOMAS J. ORTEGA

5-10-01

305-745-3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

2002

TOMMY'S TIRES & AUTO MOTOR SERVICE CORP.

P O Box 440042
SUGAR LOAF KEY FL
33044

Florida Dept. of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: P 9800 0002 246

Tommy's Tires & Auto Motor Service Corp.

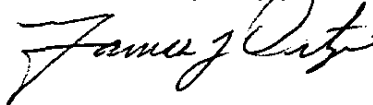
Gentlemen:

Recently, we called your office to inquire about the process to use to obtain re-instatement for our corporation. In 1999 the corporations's Annual Report form had been mailed to the physical address and then returned to the Division of Corporations as "undeliverable".

As instructed, we enclose the completed, signed Corporation Reinstatement form along with our check for \$ 458.75: (\$450 fees for 1999, 2000 & 2001 and 8.75 for a certificate of status) and we request that the penalties be waived due to these special circumstances.

Thankyou for your help.

Very truly yours,



Thomas J. Ortega
President