

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000053704		99 OCT 25 AM 9:20	
1. Corporation Name M. & L. TIRE AND AUTO CENTER, INC.		Principal Place of Business 2690 SOUTH STATE ROAD 7 HOLLYWOOD FL 33032	
Mailing Address 2690 SOUTH STATE ROAD 7 HOLLYWOOD FL 33032		If above addresses are incorrect in any way, line through incorrect information and enter correction below.	
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 06/15/1998		5. FEI Number 65-0844759	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	4 City / State / Zip
PVST	BRIDGELAL, MATHURA	3010 S.W. 35TH AVENUE	HOLLYWOOD FL 33023
D	BRIDGELAL, MATHURA	3010 S.W. 35TH AVENUE	HOLLYWOOD FL 33023
8. Name and Address of Current Registered Agent STORCH, HERBERT F P.A. 120 SOUTH UNIVERSITY DRIVE SUITE A PLANTATION FL 33324			
9. Name and Address of New Registered Agent 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 _____ Date _____ 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: Matthew Bridgelal		10-19-99 954-983-4999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	