

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -7 PM 3:39

DOCUMENT # P9B000058958 :

1. Corporation Name

NATIONAL TIRE BRAKE SERVICE CO.

2. Principal Office Address

5610 NORTHWEST 78TH AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33166

Country

Zip

Country

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

7/02/1998

5. FEI Number

58-2401534

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HECTOR A. SAMPER

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

5610 NORTHWEST 78TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI, FL.

State

FL

Zip Code

33166

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**

REGISTERED AGENT MUST SIGN

Date 3/07/00

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
PD	SAMPER, HECTOR A.	5610 NORTHWEST 78TH AVENUE	MIAMI, FL. 33166
VP/S	RAYSA SAMPER	5610 NORTHWEST 78TH AVENUE	MIAMI, FL. 33166

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)(f), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/07/00

Date

Daytime Phone #

P98000058958

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

NATIONAL TIRE BRAKE SERVICE CO.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75