CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 16 PH 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name   P98000085970

Plant City Tire & Auto Service, Inc.

REINSTATEMENT CO-04

0000271139B0
01/16/04--01065--002 **1350.00

2. Principal Office Address	**3.** Mailing Office Address	
302 N. Palmer	302 N. Palmer	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

4. Date Incorporated or Qualified To Do Business in Florida   10/05/1998

City & State	City & State	**5.** FEI Number	Applied For
Plant City, Florida	Plant City, Florida	59-3537559	Not Applicable

Zip	Country	Zip	Country	**6.** CERTIFICATE OF STATUS DESIRED ☐	$8.75 Additional Fee required for a Certificate of Status
33563	U.S.A.	33563	U.S.A.		

7. Name and Address of Current Registered Agent

Name   Victor J. Pullara

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

Suite, Apt. #, Etc.

City Plant City	State FL	Zip Code 33563

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 _____   Date 1-12-4

Victor J. Pullara   REGISTERED AGENT MUST SIGN

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
P/S/T	Victor J. Pullara	302 N. Palmer	Plant City, FL 33563
D	Victor J. Pullara	302 N. Palmer	Plant City, FL 33563

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: _____   1-12-4   752-2388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Victor J. Pullara