

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 10 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102308

1. Corporation Name

RAPIDITO TIRES SERVICES, INC.

17620 NW 73 AVE
17620 NW 73 AVE

2. Principal Office Address

17620 NW 73 AVE

Suite, Apt. #, etc.

205

City & State

MIAMI LAKES

Zip

33015

Country

3. Mailing Office Address

17620 NW 73 AVE

Suite, Apt. #, etc.

205

City & State

MIAMI LAKES

Zip

33015

Country

REINSTATEMENT 99-04

4. Date Incorporated or Qualified

To Do Business in Florida 12/08/1998

5. FEI Number

65-0880098

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

JENNY FONSECA

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

11241 SW 4 STREET

Suite, Apt. #, Etc.

City

MAIMI

State

FL

Zip Code

33174

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

Jenny Fonseca

REGISTERED AGENT MUST SIGN

Date 7/30/2004

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	JENNY FONSECA	17620 NW 73 AVE, # 205	MIAMI LAKES, FL 33015

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:

Jenny Fonseca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/2004

Date

305 979 7474

Daytime Phone #

CR25081 (01/04)