PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DCCUMENT # 799 0000 330005 1. Corporation Name ALL STAK TIRE AND HUTOMOTIVE CENTER, | | | TNC, | 11 AUG -3 PH 12: 05 SEGRETARY OF STATE TALLAHASSEE, FLORIDA | |
|---|---------------------|---|---|---|--|
| 2. Principal Office Address - No P.O. Box # 3. Mailing O 304 W Hwy 90 SAM | | i i | | | |
| Suite, Apt. #, etc Suite, Apt. #. | | | | CR2E081 (11/10) | |
| | | | 4. Date incorporated or Qualified To Do Business in Florida | | |
| City & State | City & State | | 5. FEI Numbe | | |
| BONIFAY FC | Zip | | 59-3 | 58 1799 Not Applicable | |
| Сорнау | Zip | Country | 6. CERTIFICAT | S8.75 Additional Fee required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent | | | | | |
| Name GRAY DACLING Street Address (P.O. Box Number is Not Acceptable) 304 W HWY DO Suite, Apt. #, Etc. City SONIFMY | | C11 08/03 State Zip Code FL 32 42 5 | | 210662120 01003005 **900.00 | |
| 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 | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Flonda 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 | |
| D GARY DARLING | | 304 W Hwg 90 | | BONIFAY, FL 32425 | |
| P PARLING | | 304 W Hwg 90 | | BONIFAY, FL 32425 | |
| T PAMELA DARLING | | 304 W HWY90 | | BONIFAY FL 32425 | |
| | | | | | |
| REINSTATEMENT | | | | | |
| 2010-11 | | | | · | |
| 10. E-mail Address: | | | | | |
| (To be used for future annual report notification) 11 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., and that all fees owed by the corporation have been paid. Further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that large information submitted in a document to the Department of State constitutes a third degree follony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |
| SIBRATURE AND | TELL OK FRINTED NAM | RE OF BROKING OFFICER OR DIRECTO | | Date Dayling Figure 8 | |

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