

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

02 FEB -4 PM 1:57

DOCUMENT # P99000067831

1. Corporation Name

Tread Rubber Corp.

2. Principal Office Address

385 Enterprise Street

Suite, Apt. #, etc.

City & State

Ocoee, Florida

Zip

34761

Country

USA

3. Mailing Office Address

385 Enterprise Street

Suite, Apt. #, etc.

City & State

Ocoee, Florida

Zip

34761

Country

USA

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

-7/26/99

5. FEI Number

59-3544312

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Arnold, Matheny & Egan, P.A.

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

801 N. Magnolia Avenue

Suite, Apt. #, Etc.

Suite 201

City

Orlando

000004890920-4

-02/07/02--01070-007

****900.00 ****900.00

State

FL

Zip Code

32803

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

[Signature]

Date 1/25/02

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
PST	Michael H. Evans	385 Enterprise Street	Ocoee, Florida 34761
VP	Robert W. Mohler	385 Enterprise Street	Ocoee, Florida 34761

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)(l), 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]
Michael H. Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/02

Daytime Phone #

CR2E081 (9/01)