

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000105905

1. Corporation Name

PALM AVENUE TIRE, INC.

Principal Place of Business

Mailing Address

3230 PALM AVENUE
HIALEAH FL 33012

3230 PALM AVENUE
HIALEAH FL 33012



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

8150 S.W. 8th Street

8150 S.W. 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

203

City & State

City & State

HIALEAH FL

HIALEAH FL

Zip

Zip

33144-4265

33144-4265

Country

Country

USA

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1999

5. FEI Number

59-2129093

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
'STD	PEREZ, GERAL	3230 PALM AVENUE	HIALEAH FL 33012

300024169953
10/27/03--01078--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ, GERAL
3230 PALM AVENUE
HIALEAH FL 33012

Name

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

18520 NW 29 Court

Suite, Apt. #, Etc.

City

Carol City

State

FL

Zip Code

33056-3121

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/20/03

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03 305-2644638

CR2040 (7/03)

Palm Avenue Tire, Inc.

8150 SW 8TH STREET, SUITE # 203
Miami, Florida 33144-4265

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FLORIDA 32314-6327

OCTOBER 20, 2003

TO WHOM IT MAY CONCERN:

MY APOLOGY FOR NOT CHANGING THE MAILING ADDRESS OF THE CORPORATION. I DID NOT RECEIVE ANY PREVIOUS NOTICE, I HOPE THAT YOU CAN HELP ME.

THANK YOU FOR YOUR CONCERN IN THIS MATTER, SORRY FOR THE INCONVENIENCE THIS HAD CAUSED YOU.

SINCERELY YOURS,

GERAL PEREZ
PRESIDENT