

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 DEC -2 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S06492

1. Corporation Name

K & T. J'S 27<sup>TH</sup> AVENUE TIRE CENTER, INC

2. Principal Office Address

11509 NW 27 AVE

Suite, Apt. #, etc.

—

City & State

Miami Florida

Zip

33167  
FL

Country

USA

3. Mailing Office Address

11509 NW 27 AVE

Suite, Apt. #, etc.

—

City & State

Miami Florida

Zip

33167

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

10/16/90

5. FEI Number

650252640

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

PETER N. PRICE, P.A.

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

900 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

8

City

HOLLYWOOD

State

FL

Zip Code

33020

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

*[Handwritten Signature]*

Date 11/30/05

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
<u>PO</u>	<u>Kenwin Seepersad</u>	<u>11509 NW 27 AVE</u>	<u>Miami, Fla. 33167</u>

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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:

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

Date

11/30/05

Daytime Phone #

786-709-6099