

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 12 AM 9:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 514742

1. Corporation Name

RENN TIRES, INC.

2. Principal Office Address

3111 E. 3RD AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip Country

33605

3. Mailing Office Address

3111 E. 3RD AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip Country

33605

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11-20-1990

5. FEI Number

65-0228298

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

MOORE, TERENCE S.

600003746826-5

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

1013 S. DAKOTA AVE

02/22/01 01012 020

***1058.75 ***1058.75

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

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

TERENCE S. MOORE
REGISTERED AGENT MUST SIGN

Date 2-6-01

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
PRES.	DECELLE, WILLIAM	3111 E. 3RD AVE	TAMPA FL 33605
D	DECELLE, WILLIAM	3111 E. 3RD AVE	TAMPA FL 33605
			KE

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:

W.H. De Celle

W.H. DECELLE 2-7-01

813-247-4750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #