

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 APR -5 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S19718

1. Corporation Name

L.O.P.E.Z. TIRE CORP. #2

2. Principal Office Address

15046 SW 56TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

15046 SW 56TH ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33185

Country

USA

Zip

33185

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0256509

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

RAMON LEDO

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

8123 SW 149TH AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

300004014513-5  
-04/18/01--01006--015  
\*\*\*\*150.00 \*\*\*150.00

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

X *Ramón Ledo*

Date 3-27-01

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
D	LEDO, RAMON	8123 SW 149TH AVE	MIAMI FL 33193
			SP

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:

X *Ramón Ledo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-27-01 (305) 387-4702

Daytime Phone #