

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC -6 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

V24530

1. Corporation Name

Friendly Tire Co., Inc.

2. Principal Office Address

5415 NW 15th St

Suite, Apt. #, etc.

City & State

Margate, FL

Zip

33063

Country

US

3. Mailing Office Address

~~5415 NW 15th St~~

Suite, Apt. #, etc.

270 N.W. 118th Avenue
Coral Springs, FL

City & State

~~Margate, FL~~ 33071

Zip

33063

Country

US

REINSTATEMENT 2004

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/92

5. FEI Number

65-0323063

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Steven Wenberg

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

3000 N. University Drive

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

Steven Wenberg

REGISTERED AGENT MUST SIGN

Date

11/9/07

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	Michael Moed	270 N.W. 118th Ave.	Coral Springs, FL 33071

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)(f), 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:

Michael Moed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/04

Daytime Phone #

CR2E081 (07/04)