

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 16 AM 8:01

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
in Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 124530

1. Corporation Name

Friendly Tire Co.

2. Principal Office Address

545 NW 5th St.

Suite, Apt. #, etc.

City & State

Margate, FL

Zip

33063

Country

US

3. Mailing Office Address

270 N.W. 118th Ave.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0323063

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Steven Weiberg

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

3961 NW 110th Ave

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code

33071

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 Weiberg
REGISTERED AGENT MUST SIGN

Date 12/11/02

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. Vice -As-	Michael Moed	270 N.W. 118th Ave.	Coral Springs, FL 33071
	Debra 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)(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:

Debra Moed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/02 954-562-7494
Date Daytime Phone #

12/18/02 an

I want to reinstate Kennedy TruCo

I never received the renewal form
for the past year, I would like to
reinstate now =

Please mail proof of reinstatement

to: Debra Moed

270 N.W. 118th Avenue

Coral Springs, FL

33071