

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
Sep 18, 2007  
Secretary of State

DOCUMENT# L03000004766

Entity Name: PARTS IMPORT, L.L.C.

**Current Principal Place of Business:**

12901 WEST OKEECHOBEE RD.  
5  
HIALEAH GARDENS, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

536 BILTMORE WAY  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 14-1871681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CUEVAS & ORTIZ, P.A.  
536 BILTMORE WAY  
CORAL GABLES, FL 33134      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JESUS MANUEL SAYOL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P      ( ) Delete  
Name: SAYOL, JESUS MANUEL  
Address: 12901 WEST OKEECHOBEE RD. #5  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VP      ( ) Delete  
Name: SAYOL, JUAN  
Address: 12901 WEST OKEECHOBEE RD. #5  
City-St-Zip: HIALEAH GARDENS, FL 33018

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUAN MANUEL SAYOL

P

09/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date