PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10000065004

1. Corporation Name
Alliance Parts Specialists Inc.

100220540671
02/06/12--01012--004 **750.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
121 South Orange Ave	Same
Suite, Apt. #, etc.: 1230	Suite, Apt. #, etc.:
City & State: Orlando, FL	City & State:
Zip: 32801 / Country: USA	Zip: / Country:

4. Date Incorporated or Qualified To Do Business in Florida: 08/09/10

5. FEI Number: 99-0360643 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

FILED
12 MAR -9 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name: Todd Baldwin

Street Address (P.O. Box Number is Not Acceptable): 5728 Major Blvd., Suite 501

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32819

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: _____ Date: 02/02/12

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
P	Servet Aral	121 South Orange Ave #1230	Orlando, FL 32801

S. HAWKES
FEB - 2012
EXAMINER

10. E-mail Address: Robin@Baldwinaccountingcpa.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 02/02/12 407-363-0890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #