

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

98 DEC 17 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 96000028072 (2)

1. Corporation Name
M. S. + L. AUTO PARTS PLUS, INC.

Principal Place of Business, Mailing Address
1150 W. Mowry ST.
Homestead Florida Same
33030

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable
12705 CAIRO LANE
Suite, Apt. #, etc.
City & State
Opalocka Fla
Zip
33054-4613 Dade
Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. SAME
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
3/22/96
5. FEI Number
65-0222673
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	MIRANDA, Emilio	8850 NW 122 STREET	Hiawatha Gardens 33016
SJ	MIRANDA, GUSTAVO	8850 NW 122 STREET	Hiawatha Gardens 33016
			400002719764--5
			-12/22/98--01092--010
			****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIRANDA, Emilio
1150 W. MOWRY ST
Homestead FLA 33030

Name
MIRANDA, Emilio
Street Address (P.O. Box Number is Not Acceptable)
12705 CAIRO LANE
Suite, Apt. #, Etc.
City
Opalocka FLA
State
FL
Zip Code
33054-4613

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
Emilio Miranda

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

See other side for information re intangible tax.

12. 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: Emilio Miranda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EMILIO MIRANDA

Date Daytime Phone #

CR25040 (1/98)