

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Catherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

2000 UBR

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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DOCUMENT # P96000028072

1. Corporation Name
MS & L AUTO PARTS PLUS, INC.

Principal Place of Business 12705 CAIRO LANE OPA LOCKA FL 33054-4613	Mailing Address 12705 CAIRO LANE OPA LOCKA FL 33054-4613
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 03/22/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0222673
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

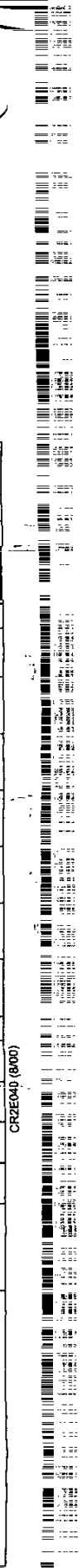
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MIRANDA, EMILIO	8850 NW 122 STREET	HIALEAH GARDENS FL 33016
SD	MIRANDA, GUSTAVO	8850 NW 122 STREET	HIALEAH GARDENS FL 33016
			300003496713--0 -12/12/00--01034--017 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent MIRANDA, EMILIO 12705 CAIRO LANE OPA LOCKA FL 33054-4613	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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 *[Signature]* REGISTERED AGENT MUST SIGN Date 10-12-00

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., 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10-12-00 Daytime Phone #



JAMES E. TICE ASSOCIATES

Accountants
16220 S.W. 280th Street
Homestead, Florida 33031

208

796-28072

Telephone: (305) 247-3700
Fax: Call First
Cellular Phone: 305-322-5715

October 18, 2000

*Florida Dept of State
Secretary of State
Division of Corporations
P.O. Box 6527
Tallahassee, Fla 32314*

*Ref Mrs Jacob Parts
Plus, Inc.
P 96000928072
12705 Corso Lane
Opalocka, Fla*

*Please be advise the above named
tax payer never received the first
notice, Please accept the enclosed
payment.*

Thank you

*Sincerely
James E. Tice
Accountant*

