

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 NOV 21 PM 3:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000070713**

1. Corporation Name
QUANTUM AUTOPARTS CORPORATION

Principal Place of Business
**6405 NW 36 STREET #202-B
 MIAMI FL 33166**

Mailing Address
~~6405 NW 36 STREET #202-B
 MIAMI FL 33166~~



REINSTATEMENT 99

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	
Suite, Apt. #, etc.		9737 NW 41 ST Suite, Apt. #, etc. # 341		08/26/1996	
City & State		MIAMI, FL		5. FEI Number	
Zip		Country		65-0704618	
33178				Applied For	
				Not Applicable	
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	FERRARI, WALTER	10050 NW 44 TERR #201	MIAMI FL 33178
V	GONZALEZ, UBALDO C	6405 NW 36 STREET #202-B	MIAMI FL 33166
T	DELUTIS, JOSEFINA C	6405 NW 36 STREET #202-B	MIAMI FL 33166
			900002356579--0 -11/25/97--01041--016 ****750.00 ****750.00
			8/11/21

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOSEPHER, GLORIA R 2100 PONCE DE LEON BLVD STE 920 CORAL GABLES FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: 11/25/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on 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: *Josefina de Lutiis* Date: Nov 3rd, 1997 (305) Daytime Phone #: 6392642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/97)