

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -8 PM 4:51

DOCUMENT # 398042

1. Corporation Name
R & M AUTO PARTS, INC

Principal Place of Business Mailing Address
~~18313 N.W. 42ND AVENUE~~ ~~18313 N.W. 42ND AVENUE~~
~~MIAMI FL 33055-3023~~ ~~MIAMI FL 33055-3023~~

REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 4690 D. NW 183 ST
Suite, Apt. #, etc.
City & State MIAMI, FL
Zip 33055 Country U.S.A.
3. New Mailing Office Address, If Applicable 4690 D NW 183 ST
Suite, Apt. #, etc.
City & State MIAMI, FL
Zip 33055 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 03/24/1972
5. FEI Number 59-1384633 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	City / State / Zip
PTD	HOYOS, AURELIANO F	14235 SABAL DR	MIAMI LAKES FL
VSD	HOYOS, ANA MARIA	14235 SABAL DR	MIAMI LAKES FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HOYOS, AURELIANO F 14235 SABAL DR MIAMI LAKES FL 33014	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 REQUIRED Date 11/15
REGISTERED AGENT MUST SIGN

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 REQUIRED 11/15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED40 (8/00)