2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 DEC -1 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10182006 REIN-P CR2E098 (11/05) 06

DOCUMENT # 448359

1. Entity Name
ORIGINAL EQUIPMENT REPLACEMENT PARTS, INC.

Principal Place of Business	Mailing Address
3700 FISCAL COURT RIVER BEACH, FL 33404-1723 US	3700 FISCAL COURT RIVER BEACH, FL 33404-1723 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1564068 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, RICHARD
4624 HOLLY DRIVE
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Richard Turner Richard Turner 11-16-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, RICHARD 4624 HOLLY DR. PALM BEACH GARDENS,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President Darin Turner 8369 Man O War Road Palm Beach Gardens, FL 33418	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT TURNER, LYNOR 4624 HOLLY DR. PALM BEACH GARDENS,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081960712 11/20/06--01074--015 **750.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynor Turner Lynor Turner 11-16.06

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