APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORA

10NS

DO NOT WRITE IN THIS SPACE.

FILED

00 DEC 22 AM 9: 40 2000 Read Instructions on Other Side Before Making Entries SECRETARY OF STATE Make Check Payable To: Department of State 1. Name and Address of Corporation: 56 2. If Address in Block 1's incorrect in any way, enter the cureor address below. The NAME of the corporation can be changed only by filling an Oguinto Auto Parts, 1860 43rd Street North Address St. Petersburg, FL 33713 Address City and State If above address is incorrect in any way, enter the correct address Zip Code in item 2. Include Zip Code. 4. FEI Number 3. Date Incorporated or Qualified ☐ FEI Number Applied For 08/24/1978 To Do Business in Florida ☐ FEI Number Not Applicable 59-1828399 5. Names and Street Addresses of Each Officer and Director Street Address of Each Names of Officers City and State Title Officer and Director and Directors (Do NOT Use Post Office Box Numbers) PDJulio F. Cabrera 1860 43rd Street No. St. Petersburg, FL 33713 TD Tania Turner 1860 43rd Street No. St. Petersburg@ FL 33713 **900003535919--**-01/12/01--01074--006 ***1050.00 ***1050.00 PISTATEMENT 7. Name and Address of New Registered Agent REGISTERED AGENT INFORMATION Name 6: Name and Address of Current Registered Agent-Street Address (Do NOT Use P.O. Box Number) Julio F. Cabrera 1860 43rd Street North Street Address (Do NOT Use P.O. Box Number) St. Petersburg, FL City and State Zip Code FL 8. 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 REGISTERED AGENT MUST SIGN 9. I certify that I am ap officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate and my signature shall have the same legal effects as if made under oath.

Typed or printed name of signing officer or director.

Signature of

Officer or Director

(727) 327-9279

Phone #

Julio F. Cabrera