

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 MAY 12 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000002820**

1. Corporation Name
AMPARTS, INC.

Principal Place of Business 307 MARKET ST. LAREDO TX 78040	Mailing Address 307 MARKET ST. LAREDO TX 78040
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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 06/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 74-2711045	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	DUEMICHEN, RODOLFO A	307 MARKET ST	LAREDO TX 78040
DV	KUZMER, G. PATRICK	4109 FRUIT VALLEY RD	VANCOUVER WA 98680
DV	HATTON, GREGORY R	4109 FRUIT VALLEY RD	VANCOUVER WA 98680
ST	GONZALEZ, GERARDO N	307 MARKET ST	LAREDO TX 78040
<p><i>Handwritten:</i> BS 5/14 97-98 AR 2 pages</p>			

8. Name and Address of Current Registered Agent

GONZALEZ, GERARDO N
6166 NW 74TH AVE.
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	000002528690-7
City	05/19/98 01035-025 ***315-00***315.00 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: *Gerardo N. Gonzalez*
REGISTERED AGENT MUST SIGN

Date: **5/5/98**

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: *Gerardo N. Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/98 **956 727 3933**
Date Daytime Phone #

CR2E040 (8/97)



307 Market St. Laredo, TX. USA
956 727-3933 FAX 956 727-3944

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

As discussed with your office, enclosed is the reinstatement fee for Amparts, Inc. (Document # F95000002820). We did not receive the original annual report and thus did not file. Please reinstate us as soon as possible and confirm our active status.

Sincerely,

Gerardo N. Gonzalez,
Sec/Treasurer