2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F99000005327

1. Entity Name
PARTS ASSOCIATES, INC.

FILED
04 NOV -1 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12420 PLAZA DRIVE CLEVELAND, OH 44130	12420 PLAZA DRIVE CLEVELAND, OH 44130

REINSTATEMENT 2004

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
34-0681764
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCARTHY, EDWARD III ESQ ALLEN BRINTON SIMMONS & MCCARTHY PA ONE INDEPENDENT DRIVE SUITE 3200 JACKSONVILLE, FL 32202	Name: C T Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324

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: JOYCE A. GILBERT ASSISTANT SECRETARY DATE: 10-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

300042362843
11/01/04--01066--019 **150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMB, DOUGLAS B 18470 EDGEWOOD DRIVE ROCKY RIVER, OH 44116	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLLINS, STUART L. 2787 W. ASPLIN ROCKY RIVER, OH 44116	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLLINGER, W. JAMES 3200 NATIONAL CITY CENTER CLEVELAND, OH 44114	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WASMER, GEORGE F. 23347 MASTICK ROAD NORTH OLMSTED, OH 44070	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAMB, DOUGLAS B 18470 EDGEWOOD DRIVE ROCKY RIVER, OH 44116	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLLINS, STUART L. 2787 W. ASPLIN ROCKY RIVER, OH 44116	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STEFANCIC, STEVEN L 5145 CREEKSIDE BLVD BRUNSWICK HILLS, OH 44212	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARSON J. TINLINE, JR. 4027 BREWSTER DRIVE WESTLAKE, OH 44145	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAMB, JR. DOUGLAS B 30030 LAKE ROAD BAY VILLAGE, OH 44140	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLLINS, STUART L. 2787 W. ASPLIN ROCKY RIVER, OH 44116	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WRIGHT, THOMAS E PO BOX 93814 CLEVELAND, OH 44101	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300042362843 11/01/04--01066--019 **600.00	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 10-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #