

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **2001** REINSTATEMENT

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

DOCUMENT # **H73366**

1. Corporation Name

FLORIDA ELECTRIC PARTS EXPORT, INC.

Principal Place of Business

**4680 N. W. 69 AVENUE
MIAMI FL 33166-5609**

Mailing Address

**4680 N. W. 69 AVENUE
MIAMI FL 33166-5609**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/24/1985

5. FEI Number

59-2579990

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
D	ALCAZAR, JORGE F.	3511 NW 19TH TERR	MIAMI FL
D	ALCAZAR, JUANITA C.	3511 NW 19TH TERR	MIAMI FL

900004668849--6
-11/06/01--01046--004
******150.00 ****150.00**

8. Name and Address of Current Registered Agent

**ALCAZAR, JUANITA C.
4680 N.W. 69 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.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **10/11/01**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012

FLORIDA ELECTRIC PARTS EXPORT INC.
4680 N.W 69TH AVE MIAMI FL 33166
TEL(305-592-1712) FAX(305-592-1711)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Our check no.8810

We are enclosing a check for \$150.00 ,along with our annual report.For the purpose of reinstatement with the Florida Department of State. We had not received a formal notice or a follow up second notice , so when we received a notice of administrative dissolution or revocation ,we contacted your office ,and are taking the appropriate steps to comply .Since we did not receive the adequate notifications we believe that we were dissolved or revoked without cause.

By issuing this correspondence ,along with the appropriate forms we hope to have corrected this oversite.

Best Regards

Jorge Alcazar
Jorge Alcazar