


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

01 JUL 11 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



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

DOCUMENT # K44084

1. Corporation Name  
**S & F PARTS, INC**

2. Principal Office Address <b>10610 N.W. 27 ST.</b>		3. Mailing Office Address <b>same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FLORIDA</b>		City & State	
Zip <b>33172</b>	Country <b>U.S.A.</b>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **11/8/88**

5. FEI Number **65-0090916** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent


Name **ANTONIO A. FRANYIE** 700004483817-8

Street Address (P.O. Box Number is Not Acceptable) **10610 NW 27 ST.** -07/18/01-01012-013  
\*\*\*\*458.75 \*\*\*458.75

Suite, Apt. #, Etc. **MIAMI, FLORIDA**

City **MIAMI, FLORIDA** State **FL** Zip Code **33172**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **5/25/01**

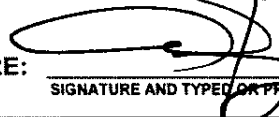
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,T	ANTONIO A. FRANYIE	10610 N.W. 27 ST.	MIAMI, FL 33172
VD	FOUAD SAYEGH	10610 N.W. 27 ST.	MIAMI, FL 33172

*MW*

10. 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:  **ANTONIO A. FRANYIE** Date **5/25/01** Daytime Phone # **305-592-1360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/00)

**S & F PARTS, INC.**

10610 N.W. 27 STREET  
MIAMI, FLORIDA 33172

July 1, 2001

**Attn: Michelle Milligan**  
**Florida Department of State**  
**Division of Corporations**  
P.O. Box 6327  
Tallahassee, Florida 32314

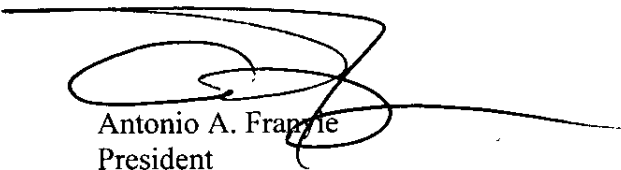
**Re: Corporate Reinstatement**  
S & F Parts, Inc # K44084  
Letter # 801A00036623

To Whom It May Concern:

I have received the above mentioned letter asking for late fees and additional fees to reinstate this corporation for failing to file an annual report. This report was never received by my office, therefore I am asking for these additional fees to please be waived. This amount would really hurt my business.

I am inclosing a check for \$450.00 along with the reinstatement application. I ask that you please consider this acceptable for my reinstatement to continue to do business.

Respectfully,



Antonio A. Frapyle  
President

OFFICE USE ONLY (Document #)

# LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. S & F PARTS INC.

(Corporation Name)

(Document #)

2. \_\_\_\_\_  
(Corporation Name)

(Document #)

3. \_\_\_\_\_  
(Corporation Name)

(Document #)

4. \_\_\_\_\_  
(Corporation Name)

(Document #)

Walk in

Pick up time

2.00

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

RECEIVED  
01 JUL 11 PM 12:05  
DIVISION OF CORPORATION

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials