

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M57039

FILED  
Sep 24, 2007  
Secretary of State

Entity Name: MCD ACCESSORY OVERHAULS, INC.

**Current Principal Place of Business:**

6990 NW 25 STREET  
MIAMI, FL 33122 US

**New Principal Place of Business:**

**Current Mailing Address:**

6990 NW 25 STREET  
MIAMI, FL 33122 US

**New Mailing Address:**

FEI Number: 59-2840423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENDEZ, MICHAEL  
6990 NW 25 STREET  
MIAMI, FL 33122 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: MICHAEL MENDEZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MENDEZ, MIKE  
Address: 6990 NW 25 STREET  
City-St-Zip: MIAMI, FL 33122

Title: D ( ) Delete  
Name: FERNANDEZ, EDWARD  
Address: 6990 NW 25 STREET  
City-St-Zip: MIAMI, FL 33122 US

Title: P ( ) Delete  
Name: FERNANDEZ, CARLOS  
Address: 6990 NW 25 STREET  
City-St-Zip: MIAMI, FL 33122 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MENDEZ

D

09/24/2007

Electronic Signature of Signing Officer or Director

Date