

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01006014686

1. Entity Name  
CONSOLIDATED PARTS AND SUPPLIES, INC.



FILED

08 NOV -3 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business  
16825 N.W. 83RD COURT  
MIAMI LAKES, FL 33016

Mailing Address  
16825 N.W. 83RD COURT  
MIAMI LAKES, FL 33016

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
82-0548790

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

FLECHES, OMAR  
16825 N.W. 83RD COURT  
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 10/29/08

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME FLECHES, OMAR  
STREET ADDRESS 16825 N.W. 83RD COURT  
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200137566612  
11/03/08--01041--005 \*\*150.00

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 10/29/08

786-412-3076  
Daytime Phone #