

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -1 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000020368

**1. Corporation Name**

MORE PARTS AND ACCESORIES, INC.

**2. Principal Office Address**

9996 NOB HILL CT

Suite, Apt. #, etc.

City & State

SUNRISE

Zip

33351

Country

USA

**3. Mailing Office Address**

9996 NOB HILL CT

Suite, Apt. #, etc.

City & State

SUNRISE

Zip

33351

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/20/2001

**5. FEI Number**

65-1082905

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$6.75. Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MARIA B. RAMAL

Street Address (P.O. Box Number is Not Acceptable)

9996 NOB HILL CT

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

**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 *X*

Date 03/28/2003

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	MARIA B. RAMAL	9996 NOB HILL CT	SUNRISE, FL. 33351

**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: *X Maria B Ramal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/2003 305-606-2204

Date

Daytime Phone #

March 28 of 2003.

Florida Department of State  
Division of Corporation

Re: More Parts and Accessories, Inc.  
Annual Business Report.

Dear Gentlemen:

Enclosed please find Reinstatement Form Application, in order to reinstate the Corporation MORE PARTS AND ACCESSORIES, INC. Reviewing all my accounting documents I observed that I have not received the corresponding Annual Report for the year 2002 and 2003.

I was on line reviewing the information of my corporation with the State of Florida, at the time that I filed the Corporation, the address was 4234 Greenbriar Lane, Weston Florida 33331, after that I change for twice the address: 3833 Heron Ridge Lane, Weston Florida 33331 and 9996 Nob Hill Ct, Sunrise Florida 33351 were actually we are. Being this reason why I have never received any correspondence from you.

I would like to request from waive the late fees charged to my corporation for the reason mentioned above and received and apply the check enclosed for the years 2002 and 2003, in order to keep my corporation in good standing.

Waiting this request be granted by you, with kind regards, I remain,

Sincerely,

  
Maria B. Ramal.