

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED
04 NOV 15 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000046701

1. Entity Name
MOTOR ZONE REBUILDERS, CORP.



Principal Place of Business
1809 OPA LOCKA BLVD.
OPA LOCKA, FL 33054

Mailing Address
4655 EAST 8TH COURT
HIALEAH, FL 33013

REINSTATEMENT *dy*



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

11012004 REIN-P CR2E098 (6/04)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1100249

Applied For

Not Applicable

Zip

33147

Country

USA

Zip

33147

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESA, RAUL
JACOBO & ASSOCIATES
6230 WEST 21 ST COURT
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name DIPP DIPP & Associates

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

3900 NW 79th Ave. Suite #443

City DONAL

FL

Zip Code 33166

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]

Salvador DIPP "Accountant"

11/04/2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, 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 PD
NAME MESA, RAUL
STREET ADDRESS 4655 EAST 8TH COURT
CITY-ST-ZIP HIALEAH, FL 33013 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700042754607
11/15/04--01068--018 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

11-04-2004

Daytime Phone #