

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 03 DEC -5 AM 8:00

DOCUMENT # **P02000044333**

1. Corporation Name

**IGA TRACTOR PARTS INC.**

Principal Place of Business

Mailing Address

100 SW 110TH AVE. #119  
 MIAMI FL 33174

100 SW 110TH AVE. #119  
 MIAMI FL 33174

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 03 *MRS*

4. Date Incorporated or Qualified To Do Business in Florida

04/23/2002

5. FEI Number

02-0590774

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SOLANO, HERNANDO	100 SW 110TH AVE. #119	MIAMI FL 33174
SD	SOLANO, MANUEL	100 SW 110TH AVE. #119	MIAMI FL 33174
VD	SOLANO, LUZ MARINA	100 SW 110TH AVE. #119	MIAMI FL 33174

900025259899  
 12/05/03--01055--007 \*\*150.00

8. Name and Address of Current Registered Agent

SOLANO, HERNANDO  
 100 SW 110TH AVE. #119  
 MIAMI FL 33174

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

11. 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

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**IGA TRACTOR PARTS INC.**

100 S.W 110TH AVENUE #119

MIAMI, FL 33174

(305) 221-9212

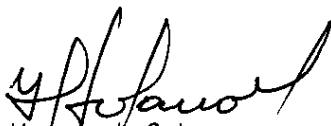
November 11, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to inform your department that I never received the first or second notice for the annual reports/uniform business report for 2003. As such, I am requesting the waiver of the reinstatement fee and to pay the normal \$150.00 filing fee. Your understanding and cooperation in this matter is greatly appreciated.

Sincerely,



Hernando Solano  
President  
IGA Tractor Parts, Inc.