

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 21 AM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000093038

1. Corporation Name

PROFESSIONAL AUTO TRANSMISSIONS, CORP

3725 PEMBROKE RD

2. Principal Office Address

3725 PEMBROKE RD

3. Mailing Office Address

Suite, Apt. #, etc.

A-2

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

Zip

33150

Country

DADE

Zip

Country

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

5. FEI Number

42-1548180

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE LUIS DOMINGUEZ

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

1175 N.W. 79TH STREET

Suite, Apt. #, Etc.

LOT B-9

City

MIAMI

State
FL

Zip Code
33150

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

REGISTERED AGENT MUST SIGN

Date 05-17-04

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	DE LOS SANTOS PEDRO R.	13903 S.W. 91ST TERRA	MIAMI FL 33186
V-P	DOMINGUEZ JOSE LUIS	1175 N.W. 79TH STREET #LOT-B-9	MIAMI FL 33186

200037523812
06/01/04--01073--007 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-17-04

Date

305-693-0102

Daytime Phone #

CR2ED81 (01/04)

282

Professional Auto Transmission, Corp.
Jose L. Dominguez
P02000093038

May 17, 2004

Florida Department of State
Division of Corporation
P.O. Box 6327 Tallahassee

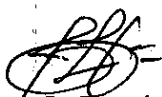
Dear Secretary of State:

I would like request reinstatement and penalty exemption for late payment on the Annual Report for 2003 and 2004 for Professional Auto Transmission, Corp.

The reason I did not paid on time is because I did not know I had to pay that fee, as well as, I did not received any notice about it. Please, I need to keep this business open to provide me with a job. Beside the business is not doing well, so I cannot afford the penalty.

I am enclosing a check for \$300 dollars to pay for years 2003 and 2004. I will really appreciate your help and consideration on this matter. Should you need any information, you can reach me at (786)486-7258.

Sincerely,



Jose L. Dominguez
Vice-President