

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 APR 29 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-04

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04/28/04--01026--018 **308.75

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000121909

1. Corporation Name
R & K AUTO PARTS, INC

2. Principal Office Address 5236 N.W. 163 STREET		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33014	Country MIAMIDADE	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 11-14-02

5. FEI Number 27-0036441

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DIANA D DIAZ

Street Address (P.O. Box Number is Not Acceptable)
40 EAST 46 STREET


Suite, Apt. #, Etc.

City
HIALEAH

State
FL

Zip Code
33013

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.

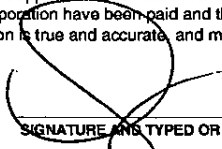
Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date 4-21-04

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
PVS	DIANA D DIAZ	40 EAST 46 STREET,	HIALEAH, FL 33013

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

Date 4-21-04

Daytime Phone # 786-357-6847

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