


2007 FOR PROFIT CORPORATION REINSTATEMENT

10FZ

DOCUMENT # P02000121913		
1. Entity Name MASTER PARTS, INC.		

FILED
07 OCT 23 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13265 SW 124 ST MIAMI, FL 33186	Mailing Address 13265 SW 124 ST MIAMI, FL 33186
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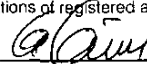
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10102007	REIN.P.	CR2E098 (11/07)	7
4. Fee Number 57-1140320			Applied For <input type="checkbox"/> Not Applicable

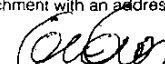
6. Name and Address of Current Registered Agent	
DUGARTE, ALBAROSA 898 NE 80 STREET MIAMI, FL 33138	

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 	DATE
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRIDO, GABRIEL A 898 NE 80 STREET MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGARTE, ALBAROSA 898 NE 80 STREET MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date: 10/10/2007
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

RECEIVED OCT 23 2007

Zfz

October 10th, 2007.

To: Florida Department of State.
Division of Corporation

Subject: Master Parts, Inc.
#57-1140320.

Please be advised that we never received our notice of annual report, for the corporation Master Parts, Inc in 2007. Enclosed find the fee \$150.00 as discussed with your department for the reinstatement of my corporation for the year, 2007.

Sorry for any inconvenience that this have caused.

Sincerely yours.



Gabriel A. Garrido
Master Parts, Inc.