


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000017188

1. Entity Name
MIAMI TRANSMISSION GEARS, INC.



FILED
05 FEB 25 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1713 OPA LOCKA BLVD.
OPA LOCKA, FL 33054-4221**

Mailing Address
**1713 OPA LOCKA BLVD.
OPA LOCKA, FL 33054-4221**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

02172005 REIN-P CR2E098 (6/04)

4. FEI Number
16-1654371

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GAMEZ, KAREN T
7480 SW 107TH AVE. #107
MIAMI, FL 33173**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *Karen Gamez* DATE **2-21-05**

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

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMEZ, KAREN T 7480 SW 107TH AVE #107 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12/30/04 01009 012 150-00 5112/04 90208 049 150-00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAMEZ, ANDRES 166 E. 16TH ST. HIALEAH, FL 33010 <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	SD TOBIAS, IRMA J 166 E. 16TH ST. HIALEAH, FL 33010 <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

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: *Karen Gamez* DATE **2-21-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20

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February 17, 2005

To: Department of State

Document Number: P03000017188

EIN: 16-1654371

Reference: 2004 For Profit Corporation Annual Report

To Whom It May Concern:

The purpose of this letter is to inform you that we never received a rejection letter on May 19th, 2004 notifying us that the FEI Number was missing on the annual report form. Recently on January 3rd we received a collection letter applying a \$600 reinstatement fee. Please waive the reinstatement fee since we never received such notice and we filed and pay the 2004 annual report on time.

Enclosed you will find copy of the cleared check and copy of the annual report. Kindly waive any fees and let us know once this matter is solved.

Sincerely,

Miami Transmission Gears, Inc.

1713 Opa Locka Blvd

Opa Locka, Fl 33054