2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000025058 1. Entity Name AB PART, CORP.				FILED 06 MAY 15 AM 11: 51
Principal Place 6420 NW 11 MIAMI, FL 33	4 AVENUE #1304	Mailing Address 6420 NW 114 AVENUE MIAMI, FL 33178	#1304	SECRETAMY OF STATE TALLAHASOUR, FLORIDA
2. Principal P	lace of Business	3. Mailing Address	9aV	
Suite, Apt. #, etc.		2500 Nw 7 Suite, Apt. #, etc.	7 <i>0</i> V	05022006 REIN-P CR2E098 (11/05)
City & State		City & State - FIA		4. FFI Number
Zip	Country	33122	Country VS	5. Certificate of Status Desired \$8.75 Additional Fee Required
<u> </u>	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
MANZO D;AZ, WILLIAMS A 6420 NW 114 AVENUE #1304				ess (P.O. Box Number is Not Acceptable)
MIAMI, FL	33178		*****	100075550391
İ	<i>[</i>]		City	05/31/06010210 F{ ***3096 00
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. Lam familiar with, and accept the obligations of registered agent.				
SIGNATURE & War				
Schalung Lentled name of teg stered agent and talled applicable (NOTE: Registered Agent signature required when reinstating) D/DE				
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. TITLE	OFFICERS AT	ND DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	MANZO DIAZ, WILLIAMS A		NAME 1	AHZO DIAZ, WILLIAMS Change Addition 420 NW 114 AY # 1304
STREET ADDRESS CITY-ST-ZIP	6420 NW 114 AVENUE #1304 MIAMI, FL 33178		STREET ADDRESS 6	420 NW 11444 7 150 1 jrmi-Fl 33178
HILE	VD	☐ Delete		<u> </u>
NAME STREET ADDRESS	ZAMUDIO CORDOVA, MARIA 6420 NW 114 AVENUE #1304		STREET ADDRESS	ANIZO DIAZ VICKIS C Change Addition
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	MUMICS EVSION CORT C 17
NAME	MANZO DIAZ, VICRIS C	Delete	NAME	Chappe Addition
STREET ADDRESS " CITY - ST - ZIP	CARAÇAS VENEZUELA INVERSIONES CUNSTON CA	AR, C.A.	STREET ADDRESS CITY-ST-ZIP	7 5126106
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRES	EMPTATEMENT (15-06
CLTY-ST-ZIP			CITY-ST-ZIP	TOTAL PROPERTY OF Y
TITLE. NAME		☐ Defete	TUTLE. ISAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
TITLE		☐ Delete	TIRE .	☐ Change ☐ Addition
NAME STREET ADDRESS	_		NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 tayles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 or				
changed, or on an attachment with an address, with all other like empowered				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Phone of Dayling Pho				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JDa's ! Days me Phone #				