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2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000027894

1. Entity Name
AUTOMOTIVE EQUIPMENT SERVICES CORP.



FILED
04 OCT 11 PM 3:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 3310 NW 210 TERR 3310 NW 210 TERR
 MIAMI, FL 33056 MIAMI, FL 33056

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



4. FEI Number				<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired				<input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DELMONT, MAX 3310 N.W. 210TH TERRACE MIAMI, FL 33056			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELMONT, MAX			NAME			
STREET ADDRESS	3310 NW 210 TERR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33056			CITY-ST-ZIP			
				400041768284 10/11/04--01013--017 **150.00			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 supplement to 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

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October 5, 2004

Uniform Business Report
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

DOC. # P03000027894

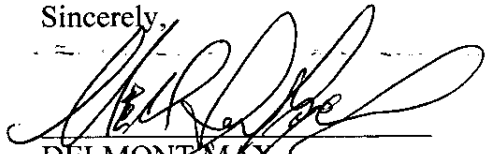
Re: AUTOMOTIVE EQUIPMENT SERVICES CORP.

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2004 filling year According to your letter we never received an annual report for our corporation. We are sending a filled out blank report to your department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305)541-3980.

Sincerely,



DELMONT, MAX
PRESIDENT