2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000034017

1. Entity Name
ADVANCE TRUCK PARTS INC.

FILED
09 AUG -3 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07312009 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
12760 ALEXANDRIA DRIVE OPALOCKA, FL 33054	12760 ALEXANDRIA DRIVE OPALOCKA, FL 33054

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3400 NW 127 ST	16100 SW 42 TER
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: OPALOCKA FL	City & State: Miami FL
Zip: 33054 Country: USA	Zip: 33185 Country: USA

4. FEI Number: 30-0162172 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BORREGO, LAZARO 804 EAST 28TH STREET HIALEAH, FL 33013	Name: LAZARO BORREGO Street Address (P.O. Box Number is Not Acceptable): 16100 SW 42 TERRACE City: Miami FL Zip Code: 33185

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: _____ 7-31-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	VP ☑ Delete	TITLE	P ☐ Change ☑ Addition
NAME	BORREGO, LAZARO	NAME	LAZARO BORREGO
STREET ADDRESS	804 EAST 28TH STREET	STREET ADDRESS	16100 SW 42 TERR
CITY-ST-ZIP	HIALEAH, FL 33013	CITY-ST-ZIP	Miami FL 33185
TITLE	P ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	BORREGO, MARIA D	NAME	
STREET ADDRESS	804 EAST 28TH STREET	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33013	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	900159179189
STREET ADDRESS		STREET ADDRESS	08/03/09--01018--008 **300.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	REINSTATEMENT
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	08-09 ☐ Change ☐ 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 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: _____ 7-31-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #