## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000016114

City-St-Zip:

CAPE CORAL, FL 33914

Entity Name: ROD'S TRANSMISSION PARTS IL INC

FILED Mar 02, 2007 Secretary of State

Entity Nai	me: RODS I	RANSMISSION PARTS II, INC			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
6130 IDLEWILD ST UNIT 3 FT MYERS, FL 33912			745 105TH AVE NORT NAPLES, FL 34108	745 105TH AVE NORTH NAPLES, FL 34108	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6130 IDLEWILD ST UNIT 3 FT MYERS, FL 33912			745 105TH AVE NORTH NAPLES, FL 34108		
FEI Number	: 42-1615495	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
5801 PELINAPLES, I	HEFFREY ESCAN BAY BLV FL 341082709  named entity e of Florida.	(DÍSTE 300 ) US	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE: WHEFF	REY CECIL nic Signature of Registered Age	ant and	 Date	
Election Car	ice with s. 607.19	33(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( RODRIGUEZ, 6820 DARBY ( NAPLES, FL 3	ст	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T ( PEREZ, MARL 745 105TH AV NAPLES, FL 3	ΕN	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VDS ( MESSMER, R` 4524 SW SAN		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MARLON PEREZ T 03/02/2007