

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000173204

1. Entity Name  
U PICK & SAVE USED AUTO PARTS, INC.



Principal Place of Business  
805 OLD WINTERHAVEN RD.  
AUBURNDAL, FL 33823

Mailing Address  
805 OLD WINTERHAVEN RD.  
AUBURNDAL, FL 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONCEPCION, WILFREDO  
805 OLD WINTERHAVEN RD.  
AUBURNDAL, FL 33823

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

*Wilfredo Concepcion*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-20-05

FILE NOW!! FEE IS \$150.00

After January 1, 2006, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONCEPCION, WILFREDO	
STREET ADDRESS	31807 INKLEY CT.	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
TITLE	T	<input type="checkbox"/> Delete
NAME	CONCEPCION, JAMARIS	
STREET ADDRESS	31807 INKLEY CT.	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600061303596
STREET ADDRESS	11/09/05--01063--003 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 an other like empowered.

SIGNATURE:

*Wilfredo Concepcion*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-05 863-962-2092

Daytime Phone #

FILED

05 DEC 30 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 05

4. FEI Number  
38-3712817

Applied For  
Not Applicable

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

B. Mitchell

DEC 30 2005