FILED

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000073414 2007 MAY 11 PM 12: 30 PROSYSTEM & PART CORP. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 965 BAY DR APTO. 6 965 BAY DR APTO. 6 MIAMI BEACH, FL 33141 3/21/06 90016 DOR MIAMI BEACH, FL 33141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (1/07) 04262007 REIN-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CERON, IDALY 965 BAY DR APTO. 6 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH, FL 33141 City Zip Code The above named entity submits the obligations of registered agent his 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 SIGNATURE Signature, typed or pri of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ТПІЕ Delete TITI F Change ☐ Addition CERON, IDALY NAME STREET ADDRESS 965 BAY DR APTO. 6 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME **800103590678** 05/31/07--01010--001 **15 STREET ADDRESS STREET ADDRESS **150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with the filing dess not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is fue 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 employered 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 employered. SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

72100

TAX MANAGEMENT SERVICES CORP 7955 N.W. 12th Street Suite 400 Miami, FL 33126 Ph: (305) 470-7504, (305) 470-7508

April 26, 2007

Ref: PROSYSTEM & PART CORP Doc. #P05000073414

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

We are writing to your office in regards to the annual report for Prosystem & Part Corp for the year 2006 which was timely filed and the payment was cashed. According to your records, their report has not been filed and you have currently inactivated the corporation. Until this day, they have not received any rejection letter or any type of notice. Enclosed you will find a copy of the endorsed check cashed by your office on March 21, 2006 and a reinstatement form with a check for \$150.00 which covers the year 2007. Please make any necessary corrections regarding this matter as soon as possible. If you need further information regarding this matter please, do not hesitate to contact me at your earliest convenience.

Thank you,

Evelyn Chaponick,

Form the firm