

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P06000097113**

1. Entity Name  
J.K. AUTO STEREO, CORP



Principal Place of Business  
8301 NW 27 AVE.  
MIAMI, FL 33147

Mailing Address  
8301 NW 27 AVE.  
MIAMI, FL 33147

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**FILED**  
2007 DEC 31 AM 8:38  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**  
12262007 REIN-P CR2E09B (1707)

4. FEI Number  
20-5266029

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

6. Name and Address of Current Registered Agent  
HERNANDEZ, KARLA  
2355 NW 34TH ST.  
MIAMI, FL 33142

7. Name and Address of New Registered Agent  
Name  
JOSE MAURO PIRES  
Street Address (P.O. Box Number is Not Acceptable)  
8301 NW 27 AVENUE  
City MIAMI FL Zip Code 33147

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 Jose M. Pires DATE 12/26/07  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, 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	P	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, KARLA	
STREET ADDRESS	2355 NW 34TH ST.	
CITY-ST-ZIP	MIAMI, FL 33142	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIRES JOSE MAURO	
STREET ADDRESS	8301 NW 27 AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
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 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: Jose M. Pires DATE 12/26/07 (766) 488-4558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR