2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000123617

City-St-Zip:

DORAL, FL 33172

FILED Dec 04, 2008 Secretary of State

Entity Name: MIAMI TRANSMISSION KITS CORPORATION					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
8545 SW 4TH STREET MIAMI, FL 33144			5503 NW 72 AVENU MIAMI, FL 33166	5503 NW 72 AVENUE MIAMI, FL 33166	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
8545 SW 4 MIAMI, FL	ITH STREET 33144		5503 NW 72 AVENU MIAMI, FL 33166	JE	
FEI Number:	22-3972413	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CERRONE, DANIEL 8545 SW 4TH STREET MIAMI, FL 33144 US			CERONE, DANIEL 5503 NW 72 AVENU MIAMI, FL 33166	5503 NW 72 AVENUE	
The above in the State	named entity su e of Florida.	bmits this statement for the pu	urpose of changing its register	red office or registered agent, or both,	
SIGNATURE: DANIEL CERONE				12/04/2008	
	Electronic	Signature of Registered Ager	nt	Date	
		2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CERONE, DANIEI	ST 108TH PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LEAL, MARAY	ST 108TH PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP () D ELISSALT, FRAN 2948 NW 99 PLA	K	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL CERONE PD 12/04/2008