

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P92000002318

96 SEP 25 AM 10:13

1. Corporation Name

TRANSMOBILE PARTS AND SERVICES CORPORATION

Principal Place of Business

Mailing Address

1789 W 32ND PLACE  
HIALEAH FL 33012

901 VETERANS BLVD.  
SUITE 206  
METAIRIE LA 70005  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/1992

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. FEI Number

65-0366938

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	BRAN, MARY	1789 W 32 PLACE	HIALEAH FL
DS	PADILLA, LUIS A	1789 W 32 PLACE	HIALEAH FL
DV	REYES, JOSE D	1789 W 32 PLACE	HIALEAH FL
DV	RIVERA, DENIS J	1789 W 32 PLACE	HIALEAH FL
			500001973105--3 -10/15/96--01007--006 ****200.00 ****200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REYES, JOSE D.  
7356 W. 18TH AVE.  
HIALEAH FL 33014

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

JOSE REYES D.

REGISTERED AGENT MUST SIGN

Date 9-16-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

MARY BRAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-96 (504) 835-7008

Date

Daytime Phone #

CR21040 (7/96)