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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002318

1. Corporation Name
Transmobile Parts & Services corporation

2. Principal Office Address
1789 W. 32nd Place
Suite, Apt. #, etc.

3. Mailing Office Address
Same as #2
Suite, Apt. #, etc.

City & State
Hialeah, Florida

Zip 33012

FILED
02 JUN 26 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100006207231--8
-07/05/02--01004--008
****600.00 ****600.00

7. Name and Address of Current Registered Agent

Name
JOSE D. Reyes

Street Address (P.O. Box Number is Not Acceptable)
1789 W. 32nd Place

Suite, Apt. #, Etc.

City Hialeah, FL. **Zip Code** 33012

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* **Date** 6/10/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	MARY Bran	9511 Palm St.	New Orleans, LA 70118
Vicepres.	Denise J. Rivera	355 Malaga Avenue	Coral Gables, FL 33134
Vicepres.	JOSE D. Reyes	1789 W 32nd Place	Hialeah, FL 33012
Secy.	Luis A. Padilla	3019 Jodie Pl	Metairie, LA 70002

99-026BR

10. 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)(f), 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: *[Signature]* **MARY Bran** **Date** 06-10-02 **Daytime Phone #** (305) 7883-8291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**Torque
Converters**

T.M.P.



**Automatic
Transmission
Parts**

TRANSMOBILE PARTS & SERVICES, CORP.

June 10, 2002

Mr. Andy Dunlap Supervisor of
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

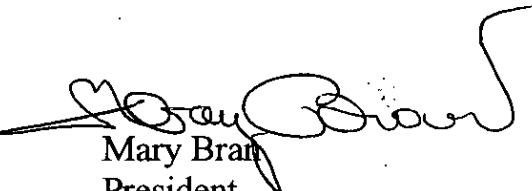
Dear Mr. Dunlap:

As per our conversation, enclosed you will find our check No.010374
In the amount of \$600.00 to cover our reinstatement application fee.

The Department of Agriculture & Consumer Services sent us a notice, advising us that we were not an active corporation and immediately, we called your office and not until then, we realized what happened to us. For sometime, our billing address was different from our physical address. We eliminated the billing address and we did not send a notice to your office and this is the reason, of not receiving any annual reports from your office since 1999.

It was not our intention to discontinue to file our annual reports and we apologize for this delay. We have already notified your office for the change of address and we want to thank you very much for waving the penalties previously imposed.

Sincerely,


Mary Bran
President