

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -9 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p92000002318**

1. Corporation Name

TRANSMOBILE PARTS & SERVICES

APPLICATION FOR THE YEAR 2003 AND 2004

2. Principal Office Address

1789 W. 32ND PLACE

3. Mailing Office Address

1789 W. 32ND

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

HIALEAH FLORIDA

Zip

33012

Country

Zip

33012

Country

4. Date Incorporated or Qualified

To Do Business in Florida - 12-1992

5. FEI Number

65-0366938

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE D. REYES/ ATTN. MR. DENIS RIVERA

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

1789 W. 32ND PLACE

Suite, Apt. #, Etc.

City

HIALEAH

State

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

REGISTERED AGENT MUST SIGN

Date

2/11/04

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 STREET	NEW ORLEANS, LA. 70118
V.P.	DENIS J. RIVERA	7219 NW TH ST	MIAMI, FL. 33126
V.P.	JOSE D. REYES	1789 W. 32ND PLACE	HIALEAH, FL. 33012

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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-04

Date

504-835-7008

Daytime Phone #

CR2E081 (01/04)



Torque
Converters

T.M.P.

TRANSMOBILE PARTS & SERVICES, CORP.



Automatic
Transmission
Parts

February 11, 2003

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

Gentlemen:

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. We did not receive the application and I believe that it was due to a change of billing address that has been affecting us for some time. We did send the change of address but somehow some companies did not receive it or the system did not take it.

It was not our intention to discontinue to file our annual reports and we apologize for this delay, as I explained to one of your representatives and for this reason, I am enclosing our check in the amount of \$300.00 in order to cover our application fee for the year 2003 and also for the year 2004. I want to thank you very much for waiving the penalties previously applied.

Thank you very much for your assistance.

Sincerely,

Mary Bran
President