

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002318

1. Corporation Name

TRANSMOBILE PARTS AND SERVICES CORPORATION

2. Principal Office Address - No P.O. Box #
1789 W 32ND PLACE

Suite, Apt. #, etc.

City & State
HIALEAH FL

Zip
33012

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

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**

04-10-07

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
P	MARY BRAN	9511 PALM ST	NEW ORLEANS LA 70118
VP	DENIS J. RIVERA	1789 W 32ND PLACE	MIAMI FL 33126
VP	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 contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNATORIES OR MEMBERS OF DIRECTOR

04-10-07

Date **APR 1 0 2007**

Daytime Phone #