

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC -5 AM 11:14

DOCUMENT # PA4000066172

1. Corporation Name
AUTOMOTIVE EQUIPMENT CENTER, INC.

REINSTATEMENT 95-97
REINSTATEMENT

Principal Place of Business Mailing Address
6995 N.W. 82nd Ave., Bay 41
Miami, Florida 33166

If above addresses are incorrect in any way, line through incorrect information and enter correct in 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Sept. 6, 1994	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT use Post Office Box Numbers)	4. City / State / Zip
Pres.	Enrique Alvarez	6995 N.W. 82nd Avenue Bay 41	Miami, Florida 33166
Sec.			
VC.			
Pres.	Raquel Alvarez	6995 N.W. 82nd Avenue Bay 41	Miami, Florida 33166
Trea.			

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Rafael A. Perez, Esquire 75 Valencia Avenue 4th Floor Coral Gables, Florida 33134		Name Enrique Alvarez Street Address (P.O. Box Numbers Not Acceptable) 6995 N.W. 82nd Avenue, Bay 41 Suite, Apt. #, Etc. City Miami State FL Zip Code 33166	

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: Enrique Alvarez REGISTERED AGENT MUST SIGN Date: 11.17.97.

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)(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: Enrique Alvarez 11-17-97
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRS 6040-112-96