


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000015143	
1. Entity Name REMY TRANSMISSIONS & GENERAL MECHANICS, INC.	

FILED
09 JAN 29 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8020 N MIAMI AVE MIAMI, FL 33150 US	Mailing Address 8020 N MIAMI AVE MIAMI, FL 33150 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 13490 NW 11 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI
Zip	Country Dade

01262009 REIN-P CR2E098 (1/07)	
4. FEI Number 65-0563890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEJIA, CELSO 8020 N MIAMI AVE 13490 NW 11 AVE MIAMI, FL 33150 33168-6612	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	MEJIA, NORMA
STREET ADDRESS	8020 N MIAMI AVE 13490 NW 11 AVE
CITY-ST-ZIP	MIAMI, FL 33150 33168-6612
TITLE	<input type="checkbox"/> Delete
NAME	MEJIA, CELSO
STREET ADDRESS	8020 N MIAMI AVE 13490 NW 11 AVE
CITY-ST-ZIP	MIAMI, FL 33150 33168-6612
TITLE	<input type="checkbox"/> Delete
NAME	MEJIA, ALEIDA
STREET ADDRESS	8020 N MIAMI AVE 13490 NW 11 AVE
CITY-ST-ZIP	MIAMI, FL 33150 33168-6612
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300142418603
STREET ADDRESS	0172909--01046--015 **300.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Norma Roder	1/26/09 786-515-7967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #