

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000042196**

**1. Corporation Name**

**CUETO USED AUTO PARTS, INC.**

**2. Principal Office Address**

**8571 N.W. 96 St.**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**8571 N.W. 96 St**

Suite, Apt. #, etc.

**City & State**

**MEDLEY, FL**

**City & State**

**MEDLEY, FL**

**Zip**

**33166**

**Country**

**USA**

**Zip**

**33166**

**Country**

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5/31/95**

**5. FEI Number**

**65-0588392**

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED ☒**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

**REINIER A. ROMERO**

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

**8571 N.W. 96 ST**

Suite, Apt. #, Etc.

**City**

**MEDLEY**

**State  
FL**

**Zip Code  
33166**

**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 3/12/03**

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>T-S</b>	<b>REINIER A. ROMERO</b>	<b>8571 N.W. 96 ST</b>	<b>MEDLEY, FL 33166</b>

**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:**

**REINIER A. ROMERO**

**SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**3/12/03**

**Daytime Phone #**

**(305)  
884-1700**

*gs 3/18*

CR2E001 (10/02)

**CUETO USED AUTO PARTS, Inc.**

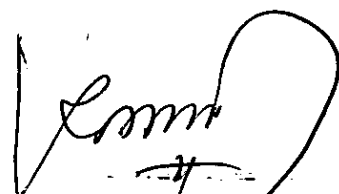
8571 N.W. 96 St  
Medley, FL 33166  
PH: 305-884-1700  
FAX: 305-884-8771

March 12, 2003

**TO WHOM IT MAY CONCERN**

I hereby request a waiver of the \$600.00 late fee for reinstatement of the corporation CUETO USED AUTO PARTS, Inc. FEI Number 65-0588392 for year 2002 since new registered agents were appointed in January 2002 and the address of the previous registered agents was erroneously kept in your records. This explains why as of today we have not received any UBR filing notification.

Attached we are submitting a \$300.00 check corresponding to the UBR fees for 2002 and 2003. Thanks in advance for your kind cooperation.



Reinier A. Romero  
Secretary-Treasury  
CUETO USED AUTO PARTS, Inc.

PS. CHECK INCLUDES EXTRA \$8.75 FEE FOR A CERTIFICATE  
OF STATUS.