

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

96 DEC 30 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P950000 83491**

1 Corporation Name

Parts Systems, Inc.

Principal Place of Business

Mailing Address

**12218 SW 128th St.
Miami, FL 33186**

300002046123--9
-01/03/97--01183--005
***383.75 ***383.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

October 31, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
Owner	Arturo Antonio Alvarez	1535 NE 174th St.	Miami, FL 33020

REINSTATEMENT

1996
A. Alvarez
12/30/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Arturo Antonio Alvarez
1535 NE 174th St.
Miami, FL 33020**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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.

305-232-7338

Signature of
Registered Agent

Date **Sept. 16, 1996**

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

305-232-7338

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arturo Antonio Alvarez

Date **Sept. 16, 1996**

Daytime Phone #

Form

SS-4**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

► Keep a copy for your records.

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)

Parts Systems, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

Alberto Gaulion

4a Mailing address (street address) (room, apt., or suite no.)

12218 SW 128th St.

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Miami, FL 33186

5b City, state, and ZIP code

6 County and state where principal business is located

Dade County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ►

Arturo Antonio Alvarez SSN # 594-77-4493

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☐ Personal service corp.☐ Limited liability co.☐ National Guard☐ Estate (SSN of decedent)☐ Plan administrator—SSN☐ Other corporation (specify) ►☐ Trust☐ Federal Government/military☐ Farmers' cooperative☐ Church or church-controlled organization

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.)

☐ Started new business (specify) ► exportcompany--parts/machinery☐ Hired employees☐ Created a pension plan (specify type) ►☐ Banking purpose (specify) ►☐ Changed type of organization (specify) ►☐ Purchased going business☐ Created a trust (specify) ►☐ Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.)

May 15, 1996

11 Closing month of accounting year (See instructions.)

July12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ► N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ►

Nonagricultural

Agricultural

Household

14 Principal activity (See instructions.) ► purchasing export company--used/new parts for resale overseas15 Is the principal business activity manufacturing? ☐ Yes ☐ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail)☐ Other (specify) ►☐ Business (wholesale)material handling firms in Argentina☐ N/A17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☐ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

305-232-7338

Fax telephone number (include area code)

305-232-9166Name and title (Please type or print clearly.) ► Albert Gaulion, General Manager

Signature ►

Date ► 11 Sept. 1996

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying