

APPROVED  
AND  
FILED

98 DEC 17 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

| APPLICATION<br>FOR<br>REINSTATEMENT   |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |                         | APPROVED<br>AND<br>FILED<br><br>98 DEC 17 PM 12:48<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                 |
|---|--|--|-------------------------|--|
| <b>DOCUMENT #</b> P96000028072 (2)  |  |  |                         |  |
| 1. Corporation Name<br><b>M. S + L AUTO PARTS PLUS, INC.</b>  |  |  |                         |  |
| Principal Place of Business   |  | Mailing Address  |                         |  |
| 1150 W. MOORE ST.<br>Homestead Florida Same<br>33030  |  |  |                         |  |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.   |  |  |                         |  |
| 2. New Principal Office Address, If Applicable<br><b>12705 CAIRO LANE</b>   |  | 3. New Mailing Office Address, If Applicable<br><b>SAME</b>  |                         | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>3/22/96</b>  |
| Suite, Apt. #, etc.   |  | City & State<br><b>Opalocka Fla</b>  |                         | 5. FEI Number<br><b>65-0222673</b>   |
| Country<br><b>33054-HA13 Dade</b>   |  | Zip<br><b>33054-HA13 Dade</b>  |                         | Applied For<br><input type="checkbox"/> Not Applicable<br><input checked="" type="checkbox"/>                        |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |  |  |                         | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |
| Title(s)<br>1   | Name of Officers and/or Directors<br>2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)<br>3   | City / State / Zip<br>4 |  |
| PD  | MIRANDA, Emilio                        | 8850 NW 122 STREET   | HIALEAH Gardens 33016   |  |
| SD  | MIRANDA, GUSTAVO                       | 8850 NW 122 STREET   | HIALEAH Gardens 33016   |  |
|   |  |  |                         | 400002719764--5<br>-12/22/98--01092--010<br>****\$00.00 ****\$00.00  |
| 8. Name and Address of Current Registered Agent<br><b>MIRANDA, Emilio</b><br><b>1150 W. MOORE ST</b><br><b>HOMESTEAD FLA 33030</b>  |  | 9. Name and Address of New Registered Agent<br>Name <b>MIRANDA, Emilio</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>12705 CAIRO LANE</b><br>Suite, Apt. #, Etc.<br>City <b>Opalocka Fla</b> State <b>FL</b> Zip Code <b>33054-HA13</b> |                         |  |
| 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.<br>Signature of Registered Agent <b>[Signature]</b> REGISTERED AGENT MUST SIGN Date _____<br><b>Emilio Miranda</b>  |  |  |                         |  |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>(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: <b>[Signature]</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>EMILIO MIRANDA</b> Date _____ Daytime Phone # _____   |  |  |                         |  |