

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089270

1. Corporation Name
MACHINERY & PARTS, INC.

2. Principal Office Address
7315 N.W. 79TH TERR

3. Mailing Office Address
9737 N.W. 41 STREET

Suite, Apt. #, etc.
 Suite, Apt. #, etc.
105

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33166

Country
 Country
33178

FILED
 02 SEP 30 AM 11:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 *****8.75 *****8.75
 01-02

4. Date Incorporated or Qualified To Do Business in Florida
10/30/1996

5. FEI Number
65-0708843

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
VEGA, HECTOR TJ.

Street Address (P.O. Box Number is Not Acceptable)
9737 N.W. 41 STRET

Suite, Apt. #, Etc.
105

City
MIAMI

State
FL

Zip Code
33178

400008202054--2
 -10/04/02--01027--031
 *****300.00 *****300.00

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 *H. Vega* Date 09/25/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	VEGA, HECTOR J.	9737 N.W. 41 STREET #105	MIAMI, FL 33178
V/D	MARTINEZ, OMAR C.	7315 N.W. 79TH TERR	MIAMI. FL 33166

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: *H. Vega* **HECTOR J. VEGA** Date 09/25/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

2002

MACHINERY & PARTS, INC.

9737 N.W. 41 STREET # 105
MIAMI, FLORIDA 33178
TEL: 786 290-9187 FAX : 786 845-0064

DATE: 9/26/02

REF: 0926-FDS

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION

TEL: (850) 488-9000

ATT: REINSTATEMENT DEPARTMENT

REF: DOCUMENT # P96000089270

TO WHOM IT MAY CONCERN:

I WANT TO REQUEST A WAIVER OF THE REINSTATEMENT FEE BECAUSE I DID NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR YEAR 2001.

I AM SENDING \$ 300.00 FOR ANNUAL REPORTS FEE YEAR 2001 AND 2002 ALONG WITH THE REINSTATEMENT FORM.

I AM ALSO SENDING \$ 8.75 FOR A CERTIFICATE OF STATUS. PLEASE SEND IT TO MY MAILING ADDRESS: 9737 N.W. 41 STREET # 105. MIAMI, FL 33178.

VERY TRULY YOURS,


HECTOR J. VEGA
PRESIDENT
MACHINERY & PARTS, INC.