CORPORATIO	N
REINSTATEME	NT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# P97000026005

1. Corporation Name

2. Principal Office Address

Suite, Apt. #, etc.

City & State

4540 NW 73rd Avenue

INTERNATIONAL AUTO PARTS TRADING, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIO

3. Mailing Office Address 5550 SW 87th Avenue	400051685242 -03/26/0201024009 ****300.00 ****300.00	
Suite, Apt. #, etc.	323.00	
للمان المانية	4. Date Incorporated or Qualified	
City & State	03/24/9/	

MIAMI, FL		MIAMI, I	MIAMI, FL		5. FEI Number 65-0784073	
Zip 3316	6 Country USA	Zip 33165	Country USA	6.	TATUS DESIRED [\$8.7	Not Ap 75 'Additional Fee or a Certificate of
		7. Name a	nd Address of Current F	Registered Agent		
	Name RAFAEL S	REYES TORRES				
, l	Street Address (P.O. Box Num	ber is Not Acceptable)	550 SW 87th	Avenue		
,	Suite, Apt. #, Etc.	, , , , , , , , , , , , , , , , , , ,			area and a second	
ij -	City MTAMT			Sta		6.5

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 o Registered	Agent ANCHOLINUM IN	GENT MUST SIGN	Date 3/11/02.
9. Names	and Street Addresses of Each Officer and/or Director (Fig.	orida 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
DPST	RAFAEL S REYES TORRES	2567 JARDIN WAY	WESTON, FL 33327
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10. I certify that I am an officer or director or the receiver or truylee 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 and my signature shall have the same legal effect as if made under oath.

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D NAME OF SIGNING OFFICER OR DIRECTOR

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International Auto Parts Trading, Inc. 4540 NW 73rd Avenue

Miami, FL 33166

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: <u>Doc # P97000026005</u>

Dear Sir:

Enclosed please find a check for \$300.00 to cover annual report fees for CY 2001 and 2002 and a completed reinstatement form. I never received the renewal form, because there is a mistake in the address you office had in the register agent and officer of the corporation.

I am writing your Office to ask if you could wave the reinstatement fee of \$550.00. I sincerely hope that you would take this into consideration.

Thank you.