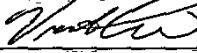



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000057098 1. Corporation Name JUST PARTS, INC.			
Principal Place of Business 4801 S UNIVERSITY DR SUITE 200 DAVIE, FL 33328		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable 6950 CYPRESS ROAD		3. New Mailing Office Address, if Applicable 6950 CYPRESS ROAD	
Suite, Apt. #, etc. SUITE 208-11		Suite, Apt. #, etc. SUITE 208-11	
City & State PLANTATION, FL		City & State PLANTATION, FL	
Zip 33317	Country USA	Zip 33317	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 06/30/1997		5. FEI Number 65-0763361	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PSTD	AMIT ZEMACH	6950 CYPRESS RD	PLANTATION, FL 33317
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134		Name VICTOR LERRO Street Address (P.O. Box Number is Not Acceptable) 2600 N MILITARY TRAIL Suite, Apt. #, Etc. SUITE 230 City BOCA RATON State FL Zip Code 33431	
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. Signature of Registered Agent  Date 11/14/98 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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 name 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		AMIT ZEMACH 11/16/98 Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98