

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 17 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P97000075992*

1. Corporation Name
*ALL PRO TRANSMISSIONS
INC*

REINSTATEMENT 03-04

000036521790
05/17/04--01069--021 **300.00

2. Principal Office Address
214 Margate Ct

3. Mailing Office Address
214 Margate Ct

Suite, Apt. #, etc.
Bay 7

Suite, Apt. #, etc.
Bay 7

City & State
Margate FL

City & State
Margate, FL

Zip Country
33063 U.S.A

Zip Country
33063 U.S.A

4. Date Incorporated or Qualified To Do Business in Florida
09/02/1997

5. FEI Number Applied For
65-0778708 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Jaime R. Andrade*
Street Address (P.O. Box Number is Not Acceptable)
5705 MELALEUCA DR.
Suite, Apt. #, Etc.
City *TAMARAC* State **FL** Zip Code *33319*

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 *Jaime Andrade* Date *5-11-04*
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
<i>P</i>	<i>Andrade Jaime R.</i>	<i>5705 Melaleuca dr.</i>	<i>Tamarac FL 33319</i>
<i>T</i>	<i>Andrade Carmen S.</i>	<i>5705 Melaleuca dr.</i>	<i>Tamarac FL 33319</i>

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)(f), 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: *Jaime Andrade* Date *5-11-04* 9549736100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE061 (01/04)


2072

May 14, 2004

Florida Department of Agriculture & Consumer Services
Ref: Document # P97000075992

I am sending the application to reinstate our Corporation. We never got the form for renewal for the year 2003. We are sending the check for the years 2003 and 2004, for the amount of \$300.00.

Thank you for your attention,



Carmen s. Andrade
Treasurer