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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT: **98 AR** FLORIDA DEPARTMENT OF STATE
 FOR: Jim Smith
 REINSTATEMENT: Secretary of State
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 JUL 10 PM 1:26

Read Instructions on Other Side Before Making Entries
 Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P97000077994**
UNITED TRUCK & AUTO PARTS, INC.
7216 N.W. 72 AVENUE
MIAMI, FL 33166

2. If Address in Block 1 is incorrect in any way, enter the correct address below:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address _____
 City and State _____ Zip Code _____

3. If Principle Office Address is different from mailing address, enter address below:
 Address _____
 City and State _____ Zip Code _____

4. Date Incorporated or Qualified To Do Business In Florida: **9/2/97**

5. FEI Number: **65-0780966**

FEI Number Applied For _____
 FEI Number Not Applicable _____

6. **\$8.75** Additional Fee required for a Certificate of Status
 CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LORAIN VON STROLLEY	302 S.W. 159 DRIVE	PEMBROKE PINES, FL 33027
SD	NICOLE VON STROLLEY	302 S.W. 159 DRIVE	PEMBROKE PINES, FL 33027
			300002590183--3 -07/15/98--01092--008 ****550.00 ****550.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent
NICOLE VON STROLLEY
302 S.W. 159 DRIVE
PEMBROKE PINES, FL 33027

9. If changed, new registered agent / office
 Name _____
 Street Address (Do NOT Use P.O. Box Number) _____
 Street Address (Do NOT Use P.O. Box Number) _____
 City _____ State **FL.** Zip _____

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: *N. von Strolley* REGISTRED AGENT MUST SIGN
 Date: **06/30/98**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: *N. von Strolley* Date: **06/30/98** Daytime Phone #: **954-441-9697**
 Typed or printed name of signing officer or director: **Nicole von Strolley**

CR2E040 (8/92)