

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 AM 9:53

DOCUMENT # P97000086445

1. Corporation Name

A. & D. TRANSMISSIONS, INC.

Principal Place of Business

Mailing Address

9355 W OKEECHOBEE RD  
HIALEAH GARDENS FL 33016  
US

9355 W OKEECHOBEE RD  
HIALEAH GARDENS FL 33016  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/06/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0797608	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ABREU, DANIEL E JR	1230 CAMELLIA LANE	FORT LAUDERDALE FL 33326
D	SORIANO, ANGEL	4645 SW 140TH COURT	MIAMI FL 33175

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-11/01/00--01109--015  
\*\*\*\*750.00 \*\*\*\*750.00

10/17/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABREU, DANIEL E  
1230 CAMELLIA LANE  
FORT LAUDERDALE FL 33326

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

SIGNATURE REQUIRED

Date 10/17/00

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00 305-557-0410  
Date Daytime Phone #

CR2E040 (8/00)