

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR -5 PM 12:26

DOCUMENT # P97000102667

1. Corporation Name

BR PARTS, CORP

2. Principal Office Address

14308 S.W. 115<sup>th</sup> TERR

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

US

3. Mailing Office Address

14308 S.W. 115<sup>th</sup> TERR

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

US

**REINSTATEMENT 99-06**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0811379

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ROGERIO RIBEIRO SCHLEIFER

Street Address (P.O. Box Number is Not Acceptable)

14308 S.W. 115<sup>th</sup> TERR

Suite, Apt. #, Etc.

500003208525-5

04/14/00-01008-017

\*\*\*908.75 \*\*\*908.75

City

Miami, FL

State  
FL

Zip Code

33186

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

REGISTERED AGENT MUST SIGN

Date 04/03/2000

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

P ROGERIO RIBEIRO SCHLEIFER 14308 S.W. 115<sup>th</sup> TERR Miami, FL 33186

4/12

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)(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

04/03/2000 (305) 387-8676

Date

Daytime Phone #

CR2E081 (9/99)