

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -3 PM 3:43

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA8000002705

1. Corporation Name

SOUTH POWER AUTO ELECTRIC
SUPPLY, CORP.

REINSTATEMENT 99-04

2. Principal Office Address

1380 NW 23 Street

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33142

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

800037635498

06/03/04--01054--014 **1508.75

5. FEI Number

65-0803 902

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

Felix A. Gomez

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

1380 N.W. 23 Street.

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33142

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

Felix Gomez

Date 5-5-04

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
P.	<u>FELIX A. GOMEZ</u>	<u>1380 NW 23 Street</u>	<u>Miami, FL 33142</u>
S.	<u>LUIS E. FERRALES</u>	<u>1380 N.W. 23 ST.</u>	<u>Miami, FL 33142</u>

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:

Felix Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-04 305-885-6365

Date

Daytime Phone #

CF2E081 (01/04)

6/8 AD