

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 APR 12 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10272006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P98000002705</b> 1. Entity Name SOUTH POWER AUTO ELECTRIC SUPPLY, CORP.					
Principal Place of Business 1380 NW 23 STREET MIAMI, FL 33142			Mailing Address 7107 SW 21 ST MIAMI, FL 33155		
2. Principal Place of Business <i>1762, NW 21 Terra</i>		3. Mailing Address <i>15969, SW 149 Terra</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>MIAMI, FL</i>		City & State <i>MIAMI, FL</i>		4. FEI Number 65-0803902	
Zip <i>33142</i>		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33142</i>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  GOMEZ, FELIX A 15969 SW 149 TERR MIAMI, FL 33196				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>			<b>200098013152</b> 04/28/07--01038--021 **908.75		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, FELIX A 1380 NW 23 STREET MIAMI, FL 33142	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMEZ, LUIS E 7107 NW 21ST MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Felix I Gomez 15969, SW 149 Terra MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <b>Vice</b>			Date: <i>4/9/07</i> Daytime Phone #: <i>305-5456833</i>		