

2008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


08 NOV 10 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800137782308
11/10/08--01031--013 **300.00

REINSTATEMENT 07-08
CR2E08P (10/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000018553

1. Corporation Name

Hi-Tech Car Accesories, INC

2. Principal Office Address - No P.O. Box #

4255 E 8 ave

Suite, Apt. #, etc.

3. Mailing Office Address

4255 E 8 ave

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33013

Country

US

Zip

33013

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

2/26/1998

5. FEI Number

65-0815725

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

Julio C. Izquierdo

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

400 NW 127 ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33182

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Erika Medel

REGISTERED AGENT MUST SIGN

Date 11/06/08

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/S	ERika Medel	4255 E 8 ave	Hialeah, FL 33013

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 contained in Chapter 119, 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:

Erika Medel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06/08

Date

305-681-1213

Daytime Phone #

11/12/08