

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY -3 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000021579

1. Corporation Name

MUNDO USED AUTO PARTS, INC.

Principal Place of Business

Mailing Address

8601-A NW 96th STREET
MEDLEY, FL 33166

8601A NW 96th STREET
MEDLEY, FL 33166

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

2. New Principal Office Address, If Applicable

8601-A NW 96th STREET

Suite, Apt. #, etc.

City & State

MEDLEY, FL

Zip 33166

Country US

3. New Mailing Office Address, If Applicable

8601-A NW 96th STREET

Suite, Apt. #, etc.

City & State

MEDLEY, FL

Zip 33166

Country US

4. Date Incorporated or Qualified
To Do Business in Florida

3/6/1998

5. FEI Number

65-0819303

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	JUAN DIEGO MEJIA	8601-A NW 96 th STREET MEDLEY, FL 33166	MEDLEY, FL 33166
VP/S	MARIBEL AGUDELO	8601-A NW 96 th STREET MEDLEY, FL 33166	MEDLEY, FL 33166

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-05/24/00--01006--003
*****958.00 *****958.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JUAN DIEGO MEJIA
8601 NW 96th STREET
MEDLEY, FL 33166

Name

JUAN DIEGO MEJIA

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

8601-A NW 96th STREET

Suite, Apt. #, Etc.

City

MEDLEY

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date 02/03/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #

02/03/99 305-889-2006 KE