

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000050621

**FILED**  
**Oct 15, 2012**  
**Secretary of State**

**Entity Name:** LUIS TRANSMISSION SPECIALIST, INC.

**Current Principal Place of Business:**

570 NW 54 ST.  
MIAMI, FL 33127 US

**New Principal Place of Business:**

**Current Mailing Address:**

570 NW 54 ST.  
MIAMI, FL 33127 US

**New Mailing Address:**

**FEI Number:** 65-0834884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RENDON, LUIS  
570 NW 54 STREET  
MIAMI, FL 33127 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** LUIS RENDON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RENDON, LUIS E  
**Address:** 570 N.W. 54 ST.  
**City-St-Zip:** MIAMI, FL 33127

**Title:** D  
**Name:** RENDON, LUIS JR  
**Address:** 570 NW 54 ST  
**City-St-Zip:** MIAMI, FL 33127

**Title:** D  
**Name:** RENDON, ABIGAIL V  
**Address:** 570 NW 54TH STREET  
**City-St-Zip:** MIAMI, FL 33127

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LUIS RENDON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PDTE

10/15/2012

\_\_\_\_\_  
Date