

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 SEP 12 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000102216**

1. Corporation Name

**AUTOPARTS 2 U.COM, INC.**

REINSTATEMENT 99-06

2. Principal Office Address

**12930 SW 85 AVE RD**

3. Mailing Office Address

**12930 SW 85 AVE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33156**

Country

**USA**

Zip

**33156**

Country

**USA**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/7/1998**

5. FEI Number

**65-0892451**

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  
**BENNETT G. FELDMAN**

Street Address (P.O. Box Numbers Not Acceptable)

**2655 LEJEUNE ROAD**

**800079940908**

09/19/06--01019--011 \*\*1200.00

Suite, Apt. #, etc.

**SUITE 508**

City

**CORAL GABLES**

State

**FL**

Zip Code

**33134**

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

REGISTERED AGENT MUST SIGN

Date

**9-11-06**

**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
PRES	ADAM YUNIS	135 SOLANO PRADO	CORAL GABLES, FL
			33156

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:

**ADAM YUNIS**

**9/11/2006**

**3054439612**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

282

September 11, 2006

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sirs:

Attached, please find a completed Corporation Reinstatement form for my corporation:

Autoparts 2 U.Com, Inc.  
12930 SW 85<sup>th</sup> Avenue Road  
Miami, FL 33156  
Document #: P98000102216  
FEIN#: 65-0892451

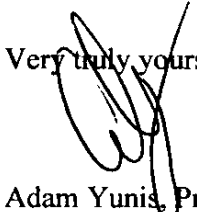
Prior to your Administrative Dissolution, my company, the registered agent and I never received any notices, letters or postcards, either requesting reports, or advising of the impending dissolution. Therefore, I request that you waive any late fees.

Together with the enclosed Corporation Reinstatement, I enclose full payment of \$1,200.00 made payable to the Florida Department of State.

Please immediately reinstate my corporation, and notify me immediately as to any required reports due or yet to be due.

I look forward to your response.

Very truly yours,

  
Adam Yunis, President  
Autoparts 2 U.Com, Inc.

AY/pc  
cc: file

autoparts, 9-11-06