

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 NOV -7 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012604

1. Corporation Name

RAY'S EXPORT USED AUTO PARTS, INC.

300004685449--4

-11/16/01--01060--009

****750.00 ****750.00

2. Principal Office Address

800 NW 72ND STREET

3. Mailing Office Address

800 NW 72ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33150

Country

USA

Zip

33150

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-9-1999

5. FEI Number

65-0920812

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name

GUSTAVO PERDOMO

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

800 NW 72ND STREET

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State

FL

Zip Code

33150

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date OCT 29, 2001

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/D	GUSTAVO PERDOMO	800 NW 72ND STREET	MIAMI, FL 33150

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 807.0401 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO PERDOMO-PRES

Date

OCT 29, 2001

Daytime Phone #