

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000014258**

1. Corporation Name

PARTSLOGIC, INC.

Principal Place of Business

10316 NW 53 CT
CORAL SPRINGS FL 33076
US

Mailing Address

10693 WILES RD #220
CORAL SPRINGS FL 33076
US

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

2. New Principal Office Address, If Applicable

4387 NW 124TH AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4387 NW 124TH AVE

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

City & State

Coral Springs, FL

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1999

5. FEI Number

65-0908167

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JIMENEZ, GABRIEL	10316 NW 53 CT	CORAL SPRINGS FL 33076
V	JIMENEZ, INGE SCHINEIS	10316 NW 53 CT	CORAL SPRINGS FL 33076

800004719078--2
-12/11/01--01073--004
*****750.00 ***750.00**

8. Name and Address of Current Registered Agent

JIMENEZ, GABRIEL
10316 NW 53 CT
CORAL SPRINGS FL 33076

9. Name and Address of New Registered Agent

Name **Inge Schineis-Jimenez**
Street Address (B/O. Box Number is Not Acceptable)
4387 NW 124TH AVE
Suite, Apt. #, Etc.
City **Coral Springs** State **FL** Zip Code **33065**

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

REGISTERED AGENT MUST SIGN

Date

10-31-01

11. 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:

Inge Schineis-Jimenez **10-31-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-341-8805

Date

Daytime Phone #

CR2E040 (8/01)



FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA