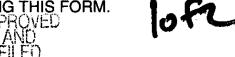




FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS



01 DEC 24 PH 3: 34

P99000047140 **DOCUMENT #**

Corporation Name DISCOUNT CV JOINTS AND RACK & PINION, INC. Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
					-			
3151 NORTHWEST 17TH AVENUE MIAMI FL 33142			-3151-NORTHWEST 17TH AVENUE -MIAMI-FL 33142					
If above	addresses are incorrect in any wa	av line through incorrect i	nformation and enter	correction below	113/14	101 90010	0 005 A150	
	incipal Office Address, If Applica	ble 3. New Matt	3. New Mailing Office Address; If Applicable 1240 S.W. 131 Pl			porated or Qualified	5/20/1999	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. FEI Numbe		Applied For	
City & Stat	ie	City & State	City & State			65-0942831	Not Applicable	
Zip	Country	3318	Countr) ! - S	6. CERTIFICAT	E OF STATUS DESIRED S	8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each O	fficer and/or Director (Flo		- V	ast 3 directors)			
Title(s)	Name of Officers and/or Directors 3			reet Address of Each fficer and/or Director		City / State / Zip		
PVST :	SIERRA, MARILYNS		3151 N.W. 17 AVENUE			MIAMI FL 33142		
D	SIERRA, MARILYNS	· · · · · · · · · · · · · · · · · · ·	3151 N.W. 17 AVENUE		MIAMI FL 33142			
-								
					·			
			-					
8. Name and Address of Current Registered Agent Name					Name and Address of New Registered Agent			
CIEDDA MADILVO				Street Address (I	Street Address (P.O. Box Number is Not Acceptable)			
3151.NORTHWEST_17TH AVENUE				Suite, Apt. #, Etc.				
MIAMI	FL 33142		City		Sta	ate Zip Code		
				City		F		
10. I, bein	g appointed the registered agent	of the above named corp	oration, am familiar w	ith and accept the o	bligations of Sec	tion 607.0505, F.S.		
Signature d Registered	of Agent MalG	DATUP:	- 	IIRED		Date	29/01	
	<i>(</i>	→ REGISTERED AC	BENT MUST SIGN					

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: