

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000073508

FILED
Oct 25, 2004
Secretary of State

Entity Name: RECYCLEDPCPARTS.COM, INC.

Current Principal Place of Business:

4390 NW 135 STREET
OPA LOCKA, FL 33054

New Principal Place of Business:

13140 NW 45 AVE
OPA LOCKA, FL 33054

Current Mailing Address:

4390 NW 135 STREET
OPA LOCKA, FL 33054

New Mailing Address:

13140 NW 45 AVE
OPA LOCKA, FL 33054

FEI Number: 65-0942072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, JAMES
4390 NW 135 CTREET
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

WOOD, JAMES
13140 NW 45 AVE
OPA LOCKA, FL 33054 US

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: JAMES J WOOD

10/25/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOOD, JAMES
Address: 4390 NW 135 STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: VP () Delete
Name: GARLOCK, VICTOR
Address: 4390 NW 135 STREET
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOOD, JAMES
Address: 13140 NW 45 AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: VP (X) Change () Addition
Name: GARLOCK, VICTOR
Address: 13140 NW 45 AVE
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY TORRES

MNGR

10/25/2004

Electronic Signature of Signing Officer or Director

Date