

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1472

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P99000073634

1. Corporation Name

MIAMI TRAILER REPAIR INC.

Principal Place of Business 10378 SW 208TH TERRACE MIAMI FL 33189	Mailing Address 10378 SW 208TH TERRACE MIAMI FL 33189
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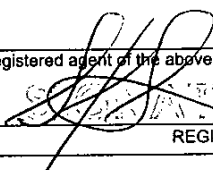
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 6001 HWY 74 AVE. Suite, Apt. #, etc. 113 SUITE City & State MIAMI FL Zip 33166 Country USA		3. New Mailing Office Address, If Applicable SAME AS PRINCIPAL Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 08/18/1999	
5. FEI Number 65-0943543				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
D	SAUD, SHARBEL J	10378 SW 208TH TERRACE	MIAMI FL 33189

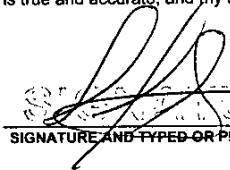
8. Name and Address of Current Registered Agent SAUD, SHARBEL J 10378 SW 208TH TERRACE MIAMI FL 33189		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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10. 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  Date 10/16/00

REGISTERED AGENT 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., 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:  10/16/00 305 5935366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

2052

Miami Traller Repair Inc.

October 17, 2000
Miami, FL

To Whom It May Concern:

I am writing to advise you neither that I Sharbel J. Saud nor my company, Miami Trailer Repair Inc. received any information regarding this report. I understand the importance of such report that is why I am troubled and embarrassed with this urgent matter.

Could you please assist me in resolving this matter as urgently as possible, I am very grateful and thankful for your assistance in this urgent matter.

I sincerely apologize for any inconvenience this has caused you.
Thank you in advance for your assistance.

Sincerely,


Sharbel J. Saud