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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000082821
1. Corporation Name
PRESTIGE AUTO ZONE, INC.

2. Principal Office Address 13780 SW 44TH TER		3. Mailing Office Address 13780 SW 44TH TER	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33175	Country USA	Zip 33175	Country USA

REINSTATEMENT 0318A

4. Date Incorporated or Qualified To Do Business in Florida 09/20/1999	
5. FEI Number 65-0943840	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

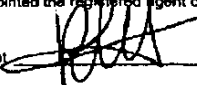
Name **ROBERTO PARDO**

Street Address (P.O. Box Number is Not Acceptable)
13780 SW 44TH TER

Suits, Apt. #, Etc.

City **MIAMI** State **FL** Zip Code **33175**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

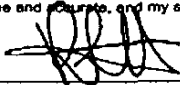
Signature of Registered Agent  Date **11/30/2006**

REGISTERED AGENT MUST SIGN

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
PRES	ROBERTO PARDO	13780 SW 44TH TER.	MIAMI, FL. 33175

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 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 contained in Chapter 119, 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:  **ROBERTO PARDO** 11/30/2006 305-494-4160

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

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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((H06000285166 3)))



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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

PRESTIGE AUTO ZONE, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$1,208.75

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