

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

APPROVED  
AND  
FILED

05 APR 18 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000098072

1. Corporation Name  
ABEL'S TRANSMISSIONS, CORP.

2. Principal Office Address 22770 So Dixie Highway	3. Mailing Office Address 22770 So. Dixie Highway
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33170	Country U.S.

REINSTATEMENT 02-05  
MRD

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 165-0959446	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name ABEL A. CUENCA	300054218853	05/10/05	01072-004 **1200.00
Street Address (P.O. Box Number is Not Acceptable) 22770 So. Dixie Highway			
Suite, Apt. #, Etc. —			
City Miami	State FL	Zip Code 33170	

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

4/15/05

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
P/S/D	ABEL A. CUENCA	10 NE 326 Rd	HOMESTEAD, FL 33030

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 (305) 247-3100

Date

Daytime Phone #

ABEL A CUENCA

CR2E081 (01/05)