EASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





ORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P99000107798 DOCUMENT #

1. Corporation Name

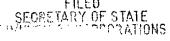
PERFORMANCE PARTS OF AMERICA CORP.

Principal Place of Business

Mailing Address

3541 N.W. 115 AVE. MIAMI FL 33178

3541 N.W. 115 AVE. MIAMI FL 33178



00 DEC -5 AM 10: 21

If above a	ddresses ar	e incorrect in any way, line thro	ugh incorrect int	formation a	nd enter correction below.	<u> </u>			
2. New Principal Office Address, If Applicable 10556 NW Z6th Street			3. New Mailing Office Address, If Applicable 10556 NW Z6th Street.			Date Incorporated or Qualified To Do Business in Florida 12/14/1999			
Suite, Apt		0 102	Suite, Apt. #		D 102	5. FEI Number			Applied For
City & State	9	-1	City & State		 1	Applied	FOY.	ļ	Not Applicable
M10 210 33		Country USA	Zip 331		Country USA	6.	E OF STATUS DESIRED		itional Fee required rtificate of Status
7. Names a	and Street A	ddresses of Each Officer and/	or Director (Flor	ida nonpro	fit corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
D	DEVIA, (DANIEL		5925 N.	W. 110 CT.		MIAMI FL 33178		

D	DEVIA, DANIEL	5925 N.W. 110 CT	. MIAN	N FL 33178		
				nonmonoce?		
				0035008582 -12/14/0001014001 ****158.75 ****158.75		
	8. Name and Address of Curre	nt Registered Agent	9. Name and Address of New Registered Agent			

MALFELD, GARY D ESQ. 8420 N.W. 52ND. ST., STE. 107 **MIAMI FL 33166**

with and accept the obligations of Section 607.0505, F.S

Zip Code

10. I, being appointed the

Signature of 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 filling 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 confidence is the application is true and my significant exemption. on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



P99000107798 Performance Parts of America

To: FLORIDA DEPARTMENT OF STATE

Attn: Division of Corporations

Annual Report / Reinstatement Section

Tallahassee, FL 32314-6327

Ref: Not be Penalized Document # P99000107798

Dear Sirs

With this Letter Our Corporation requests its understanding for not penalize the revocation to Our Corporation to the next year 2001, with the Reinstatement fee for \$600.

Our Corporation Was Qualified to do Business in Florida at 12 / 14 / 1999, (My Daughter's birthday) and this is our first Renovation.

The reason for this Delay to do the renovation, was that we changed our Business and Mailing Address and our Corporation not received its kind format on time.

Please accept our Enclosed Payment for:

Annual report Fee

\$61,25

Corporate Supplemental fee

\$88,75

Certificate Status

\$ 8,75

Total

\$ 158,75

Our New Business and Mail address is:

10556 NW 26 th Street, Suite D 102

Miami, Fl 331/12

Cordially Yours

Eng/Daniel Devia

Vicepresident