

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 25 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 60308

1. Corporation Name

COLLECTION USED AUTO PARTS, INC.

2. Principal Office Address

4337 N.W. 36 AVE

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33142

Country

U.S.A.

3. Mailing Office Address

9550 N.W. 79 AVE

Suite, Apt. #, etc.

BAY # 21

City & State

HALEAH GARDENS, FL.

Zip

33016

Country

U.S.A.

200003292972--9

-06/15/00--01156--014

****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/91

5. FEI Number

65-0267614

Applied For -

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

OVIDIO BENITEZ

Street Address (P.O. Box Number is Not Acceptable)

9550 N.W. 79 AVE

Suite, Apt. #, Etc.

BAY # 21

City

HALEAH GARDENS

State

FL

Zip Code

33016

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5-22-00

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
PD	SONIA BENITEZ	1531 N.W. 178 TERRACE	PEMBROKE PINES, FL. 33029

99-004BR TS

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

522-00

Date

Daytime Phone #

CR2E081 (9/99)

CABANAS & ASSOCIATES, P.A.
ACCOUNTING, TAX PLANNING & PREPARATION
LEJEUNE CENTRE
782 N.W. LEJEUNE ROAD
SUITE 637
MIAMI, FLORIDA 33126

TELEPHONE: (305) 442-8955
(305) 447-8378
FAX: (305) 447-8530

MEMBER OF
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

May 22, 2000

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Collection Used Auto Parts, Inc.
Num: S 60308


Gentlemen:

We are the accountants for the above referenced Corporation, and have been asked by our client to correspond with you concerning their "Application for Reinstatement" of the Corporation.

Please note that our client requests amnesty, due to the fact that they never received or were given any of the Annual Report applications for 1999 or 2000. Furthermore, the mailing address of the Corporation was changed during 1999 by a former director and never informed us of the filing that was due. The operations manager was never aware of the previous address used and additionally had no knowledge of the Annual Report filing, as he was new to this annual Corporate formality.

We are enclosing a completed "Application for Reinstatement" with the original \$300.00 filing fee for years 1999 and 2000. We respectfully request that you please consider the above circumstances and reinstate our client, waiving any applicable penalties, since they have always filed timely and to abided by all regulations imposed upon them.

Sincerely,


Joseph F. Cabanas