

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 60308

1. Corporation Name

Collection Used Auto Parts Inc.

2. Principal Office Address

1531 N.W. 178 TR.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL.

Zip

33029

Country

USA

3. Mailing Office Address

1531 N.W. 178 TR.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL.

Zip

33029

Country

USA

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****300.00 ****300.00

Bar

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

ORIDIO BENITEZ

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

1531 N.W. 178 TERRACE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

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]

Date

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

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

Date

Daytime Phone #

CR2E081 (9/01)

7/8/02

TELEPHONE: 305-513-3639
FAX: 305-513-4122

CABANAS & ASSOCIATES, P.A.
ACCOUNTING, TAX PLANNING & PREPARATION
SQUARE ONE BUSINESS CENTER
10520 N.W. 26TH STREET
SUITE C-201
MIAMI, FLORIDA 33172

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

July 2, 2002

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

Re: Collection Used Auto Parts, Inc.
EIN: 65-0267614
Doc#: S60308

Gentlemen:

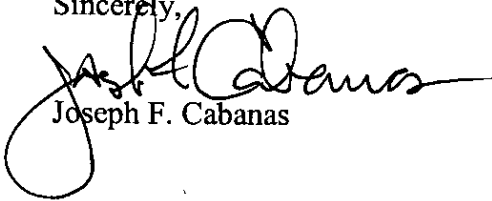
We are the accountants for the above referenced taxpayer. Please note that the taxpayer moved during the year 2001 and therefore never received the form UBR, thus terminating their active status as a Corporation in the State of Florida.

Our client is attaching a check for \$300 to cover fees for years 2001 and 2002.

We respectfully request that you reinstate them as the change in address caused them not to receive any notification.

Should you have any questions, please do not hesitate to contact me.

Sincerely,


Joseph F. Cabanas