## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPROVED APPLICATION Sandra B. Mortham Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 1997 MAY 19 PM 3: 04 DOCUMENT # S 85239 SECRETARY OF STATE TALLAHASSEE. FLORIDA 1 Corporation Name GENERAL DIESEL PARTS AND SERVICE, INC. Principal Place of Business Mailing Address 9300 NW 58 ST, #205 "SAME" MIAMI, FL 33178 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 1 2. New Principal Office Address, If Applicable 10-04-91 Suite, Apt #, etc. Suite, Apt. #. etc 5. FEI Number Applied For 65-0297288 City & State City & Stale Not Applicable \$8.75 Additional Fee required Country Zm Country CERTIFICATE OF STATUS DESIRED . for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Arkiress of Each Name of Officers Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors P/D 9300 NW 58 ST #205 MIAMI, FL 33178 ROBERTO GUERRA 9300 NW 58 ST #205 MIAMI, FL 33178 V/S/D BERTA M GUERRA V ALAIN GUERRA 9300 NW 58 ST #205 MIAMI, FL 33178 VSTATE -05/21*7*97--01093--007 \*\*\*1088.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent ROBERTO GUERRA Street Address (P.O. Box Number is Not Acceptable) 9300 NW 58 ST #205 MIAMI, FL 33178 Suite, Apt. #, Etc. City State Zip Code ive named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent 5-16-97 Signature of Registered Agent REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No Yes 🗶 12.1 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

12.1 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-97

305-599-0390

Date

Daytime Phone #