

PLEASE READ A INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN 18 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V20584

1. Corporation Name

MR. USED & NEW TRUCK PARTS, INC.

Principal Place of Business

Mailing Address

10653 U. Okeechobee

SAME

HIALEAH GARDENS, FL 33016

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 09-18

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

3/12/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0317734

City & State

City & State

6.

CERTIFICATE OF STATUS

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Rodriguez, Gloria	10653 U. Okeechobee	Hialeah Gardens, FL

300003114083-0  
-01/28/00--01027--009  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Rodriguez, Gloria  
10653 W. Okeechobee Rd.  
Hialeah Gardens, FL 33016

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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. If 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. If the corporation has been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(0), F.S. The information 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

12/22/99

Date

305.557.05  
Daytime Phone #

KE