## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMEN	<b>与他是他人上海</b>	Ka Se	EPARTME atherine H ecretary of on of corpo	State	E	DI OCT 23 PM	STATE ORATION
DOCUMENT #  1. Corporation Name	Λ,	20584				,	12. ZU
	NEW & USE . NO. V205		PARTS,	INC.			. <u>S</u> r .
2. Principal Office Address		3. Mailing Office	ce Address		EZING"	TATEMENT_	۸۱.
10653 W Okee	SAME			L ERRAG	1 ( 2 1 1 2 2 8 A 8 E 8 A A		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
Bay	1		·			rporated or Qualified siness in Florida March	ı 12, 1992
City & State Hialeah Gard	City & State			5. FEI Numb	5. FEI Number Applied For Not Applied For		
l '	untry iamiDade	Zip	Co	ountry	6.		Additional Fee required
33010	Lamidado	7. Nar	me and Addre	ess of Current Reg		ror a	Certificate of Status
Name	· · · · · · · · · · · · · · · · · · ·						
	US JUSTO R		<u></u>	<del></del>	<del></del>	900004672	<b>2719</b> ==5
1	(P.O. Box Number is N	•	<b>.</b>			-11/08/010 ****750 00	01058 <b>-</b> -022 *****750.00
. 106 Suite, Apt. #, E	53 W Okeec tc.	hobee ko	<del>å</del> d				*******
Bay					y · / · · ·		
City				• •		State Zip Code	,
	<u>leah Garde</u>						
Signature of Registered Agent	stered agent of the alco	Heavs (	NT MUST SIGI	Nodvave	18 CONIGRICORS OF SAC.	Date 10 -01 - 0	, <u>8</u>
9. Names and Street Address	sses of Each Officer an	d/or Director (Florid	la nonprofit co	porations must list	at least 3 directors)		
Titles O	es Name of Officers and/or Directors			Street Address of Officer and/or Dir	Each ector	City / State / Zip	
P/S/D JESUS	/s/p JESUS JUSTO RODRIC		10653 W Okeechob Bay 1		obee Rd	Hialeah Garden	ıs, Fl 33018
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this reinstatement applica	ation, the reason for diss have been paid and the	solution has been el names of Individual	eliminated, the data listed on this	corporate name sat ils form do not qualify	isfies the requirement y for an exemption un	napter 607 or 617, F.S. I further certi ts of section 607,0401 or 617,0401, ider section 119,07(3)(i), F.S. The im	F.S., that all fees