


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V20584

1. Entity Name
MR. USED & NEW TRUCK PARTS, INC.



FILED
05 JAN -4 AM 8: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

11/17/04 01033 023 \$ 150.00
11232004 REIN-P CR2E098 (6/04)

Principal Place of Business 10653 W OKEECHOBEE BAY 1 HIALEAH GARDENS, FL 33018		Mailing Address 10653 W OKEECHOBEE BAY 1 HIALEAH GARDENS, FL 33018	
2. Principal Place of Business 10653 W Okeechobee Suite, Apt. #, etc. Bay 1 City & State Hialeah Gardens, FL Zip 33018 Country U.S.A		3. Mailing Address 10653 W Okeechobee Suite, Apt. #, etc. Bay 1 City & State Hialeah Gardens, FL Zip 33018 Country U.S.A	

4. FEI Number 65-0317734	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RODRIGUEZ, JESUS-J
10653 W OKEECHOBEE
BAY 1
HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent

Name: Jose M Rodriguez
Street Address (P.O. Box Number is Not Acceptable):
10653 W Okeechobee Bay 1
Hialeah Gardens, FL 33018
12/07/04--01007--017 **608.75

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jose M. Rodriguez (NOTE: Registered Agent signature required when reinstating) DATE: 12-23-04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>JESUS RODRIGUEZ</u> <u>10653 W Okeechobee Bay</u> <u>Hialeah Gardens FL 33018</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Owner</u> <u>JOSE M. RODRIGUEZ</u> <u>10653 W Okeechobee Bay 1</u> <u>Hialeah Gardens, FL 33018</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

BR 115

400043224144
01/05/05--01049--011 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose M Rodriguez DATE: 12-3-04 DAYTIME PHONE #: 305-557-0888