


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V71604**

1. Corporation Name

T.A. PARTS, INC

Principal Place of Business

**8813 NW 66TH STREET
MIAMI FL 33166**

Mailing Address

**6886 SW 59TH ST.
MIAMI FL 33155**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1992

5. FEI Number

65-0363899

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MURCIANO, CARLOS	6886 SW 59 ST	MIAMI FL

**600004672906--1
-11/08/01--01070--001
****158.00 ****158.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MURCIANO, CARLOS
6886 SW 59TH ST.
MIAMI FL 33143**

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 above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01 (305) 470-8520

CH2ED40 (8/01)

Oct 18, 2001

Div. of Corporations

Annual Report / Reinstatement Sec.

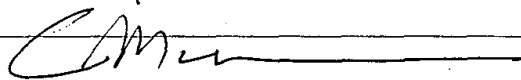
PO Box. 6327

Tallahassee, FL 32314

Dear Sir,

I recently recieved your notice that our company (T.A. Parts Inc.) has been dissolved. I was very surprised. I did not receive the prior notices. We are a very small firm in the aviation field and are struggling to get by. We cannot afford the penalty fee at this time. Please accept the initial fee of \$150.00 to reinstate us and keep our business open.

Thank you



Carlos Murciano

Pres., T.A. Parts Inc.