PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR 28 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V71604

1. Corporation Name

T.A. PARTS, INC

REINSTATEMENT 03-04

400031741054
04/02/04--01018--015 **150.00

Principal Place of Business	Mailing Address
~~6313 NW 66TH STREET~~ 1375 ~~MIAMI FL 33166~~	~~6313 NW 66TH ST~~ ~~MIAMI FL 33166~~

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
1375 NW 97 AVE	1375 NW 97 Ave
Suite, Apt. #, etc. BAY 6	Suite, Apt. #, etc. BAY 6
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33172 Country USA	Zip 33172 Country USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MURCIANO, CARLOS	6886 SW 59 ST	MIAMI FL 33143
			MIAMI FL 33143

400031741054
05/10/04--01031--004 **150.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN Date MAR 14, 2004

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 14-04 Date 3054708520 Daytime Phone #

292

March 12, 2004

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 3214-6327

~~To Whom it May Concern~~,

I have received a notice that our corporation has been dissolved. I did not realize that we did not file the annual business report. Due to the economy ~~and~~ our business has been struggling to survive. Earlier last year we moved our office to a smaller and less expensive location. We must not have gotten the paperwork forwarded to us. I am afraid we can not afford the ~~$150.00~~ fee to reinstate us, can you please accept the initial $150.00 fee to reinstate our business and keep us going?

Sincerely

Carlos Muracano, President
T.A. Parts Inc (V71604)