

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 APR 28 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V71604

1. Corporation Name

T.A. PARTS, INC

Principal Place of Business

8313 NW 68TH STREET
MIAMI FL 33166

1375

Mailing Address

8313 NW 68TH 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

1375 NW 97 AVE

Suite, Apt. #, etc.

BAY 6

City & State

MIAMI, FL

Zip

33172

Country

USA

3. New Mailing Office Address, If Applicable

1375 NW 97 AVE

Suite, Apt. #, etc.

BAY 6

City & State

MIAMI, FL

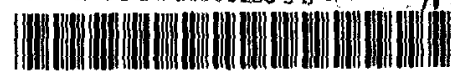
Zip

33172

Country

USA

REINSTATEMENT 03-04



400031741054

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

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 33143
			MIAMI FL 33143

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

BAY 6

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 Numbers 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 14-04 3054709820

Date

Daytime Phone #

March 12, 2004

292

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32344-6327

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 Murciano, President
J.A. Parts Inc (V71604)