•PLEASE F.	EAD ALL INST	RUCTIÔNS	BEFORE C	OMPLETIN	CHI SECTION	
APPLICATION FLORIDA FOR .  PENNSYATEMENT		A DEPARTMENT OF STATE Sandra B. Morthar Secretary of State Invision of Corporations			FILED Nov 27 Ah 11: 29	
DOCUMENT # 612853 (2)				G. Santa	CRETARY OF STATE	
TARRIMAR TRAILER A	ND EQUIPME	NT REPAIRS	s, inc	i TA	ILAHASSEE, FLORIDA	
rincipal Place of Business Mailing		Address			•	
1330 CORAL WAY SUITE 301 MIAMI, FL. 33145-2945				REINSTATEMENT 9		
If above addresses are incorrect in any wa				•	DO NOT WRITE IN THIS SPACE	<b>E</b>
New Principal Office Address, If Applicable     3. New Mail		ng Address, if Applicable		Date Incorporated or Qualified     To Do Business in Florida		
Suite, Apt. #, etc. Suite, Apt.		eic.		5. FEI Number	03/14 59-1890020	/_1979 Applied For
City & State				6.		
Zip Country	Zip	Country	<del>,</del>		OF STATUS DESIRED	Control of the Contro
7. Names and Street Addresses of Each Of	icer and/or Director (Flo					o strains.
Title(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director  (Do NOT Use Post Office Box Numbers)		·	City / State / Zip	
P TARRIOS, EDIS 7580 S.W 28 TERRACE MTAMT FL 33155						
S PAREDES, MAI	7501 S.W 16 TERRACE			MIAMI, FL	33155	
T RODRIGUEZ,	14078 S.	W 160 TE	RRACE	MIAMI, FL	33177	
•			•	21	200 <u>02018</u>	768A
					-12/04/960	1001004 ****383.75
				., .	Shi	27-91
Name and Address of Current Registered Agent     Name and Address of New Registered Agent						
Name						
TARRIOS, EDIS	• •,	Street Address (P.O. Box Number is Not Acceptable)				
'MIAMI, FL 33155		•	Suite, Apt. #, Etc		*.	<b>3</b>
		•	City	:	State	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 Agen Sico Garriso Date 1/125/96						
	REGISTERED AC	ENT MUST SIGN				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax.)						
12. I do hereby certify that the information fease the Division of Corporations from certify that I am an officer or director of this reinstatement application the reasfees owed by the corporation have be under oath.  SIGNATURE:	any liability of non-comp r the receiver or trustee o on for dissolution has be	liance with Section 11 impowered to execution eliminated, the col	9.07(3)(k) in the eve e this application as porate name satisfi	ent that the informa i provided for in ch ies the requiremen	ation supplied is deemed alternates 607 or 617; F.S. I furthous of section 607,0401 or 617, signature shall have the same	certify that when filing 12000000000000000000000000000000000000

TREASURER