

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 NOV 27 PM 12:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001606

1. Name of Limited Partnership

TACO AFTERMARKET LIMITED PARTNERSHIP

2. Principal Office Address

50 NE 179th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33162

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Formed or Registered
To Do Business in Florida

8/29/1996

5. FEI Number

65-0640522

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$720,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$720,000.00

8. Name and Address of Current Registered Agent

Name

Robert M. Kramer, Esq.

Street Address (P.O. Box Number is Not Acceptable)

4000 Hollywood Boulevard

Suite, Apt. #, Etc.

Suite 485-South

City

Hollywood

State

FL

Zip Code

33021

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 11/25/2002

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Taco Aftermarket Management, Inc.	50 NE 179th Street	Miami, FL 33162	P96000004621
400009248414 11/27/02--01112--005 **\$087.50			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

11-25-02

Typed or Printed Name of General Partner Signing Form

Jon Kushner

Telephone Number

305-652-8566

CR26038 (9/01)