

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
08 MAR 26 PM 2: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F07000000176

1. Corporation Name

DaimlerChrysler Financial Services Mexico, S.A. de C.V. Inc.

000121360400  
03/27/08--01002--002 \*\*300.00

**REINSTATEMENT** 07-08

<b>2. Principal Office Address - No P.O. Box #</b> Prol.Paseo de la Reforma 1240, Piso 14 Suite, Apt. #, etc. Santa Fe-Cuajimalpa City & State Mexico D.F., Mexico C.P. 05109 OC Zip Country		<b>3. Mailing Office Address</b> 27777 Inkster Road Suite, Apt. #, etc. CIMS 405-27-10 City & State Farmington Hills, MI Zip Country 48334 Oakland	
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<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10/11/2006	
<b>5. FEI Number</b> 98-0566002	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation	State FL	Zip Code 33324	

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Concepcion*  
- REGISTERED AGENT MUST SIGN -

Date 3/26/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	Johannes Reisterer, General Director	Prol. Paseo de la Reforma, 1240, Piso 14	Mexico D.F., Mexico C.P. 05109
	Jose Salgado, Secretary	Prol. Paseo de la Reforma, 1240, Piso 14.	Mexico D.F., Mexico C.P. 05109

10. 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 contained in Chapter 119, 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

Jose Eduardo Salgado Villegas

Date

Daytime Phone #

3-7-08 011-92-55-50813555