DOCUMENT # P01000049982         Forky Name TAINO OF TAMPA, INC.         Proceed Marce of Business         3243 W COLMARIS DR HARA RE 33607         Marker, RE 33607         Marker, RE 33607         Jamper, RE 33607         Stan, Apt, R. 33607         Jamper, RE 340000         Stan, Apt, R. 38007         Jamper, RE 340000         Jamper, RE 340000         Stan, Apt, R. 38007         Jamper, RE 340000         Stan, Apt, R. 338007         Jamper, RE 340000         CAINAS, MARTHA CAINAS, MARTHA CAINAS, MARTHA State Address of Councel of State St	2	006 FOR PROFIT REINSTAT	CÖRPGRAT	ΓΙΟ	N	_	FIL	ED		
Principal Place of Busines     Surto. Apt. #. etc.     Surto. Apt. #. etc	1. Entity Name						6 NOV 20	PH 4: 07		
Suite.     Suite.     Suite.     Ory & State     Ory & State     CR2E098 (11/06)       Cay & State     Ory & State     Image: Suite.     Image: Suite. <td colspan="2">3243 W COLUMBUS DR</td> <td colspan="2">3243 W COLUMBUS DR</td> <td></td> <td></td> <td></td> <td></td> <td></td>	3243 W COLUMBUS DR		3243 W COLUMBUS DR							
City & State         City & State         4. EFE Number 59-3725159         Applies For 159-3725159           Zip         Country         2.0         Country         8. Certificate of Status Desired         \$8.75 Additional Free Required           CAINAS, MARTHA         State         1. Name and Address of Qurrent Registered Agent         7. Name and Address of New Registered Agent           CAINAS, MARTHA         Street Address (P.O. Box Number is Not Acceptable)         1. Name and Address of New Registered Agent           CAINAS, MARTHA         Street Address (P.O. Box Number is Not Acceptable)         1. Name and Address of New Registered Agent           City         FL         Zip Code         1. Street Address (P.O. Box Number is Not Acceptable)           City         FL         Zip Code         1. Street Address (P.O. Box Number is Not Acceptable)           City         FL         Zip Code         1. Street Address (P.O. Box Number is Not Acceptable)           Attraction of cigatered agent         City CE         FL         Zip Code           SIGMATURE         Fortace, reade of the State of Porice	2. Principal Place of Business 3.		Mailing Address		. 1					
Zip         Country         Zip         Country         S. Conficted of Status Dedined         IN:x Applicatie           Zip         Country         S. Conficted of Status Dedined         S. Conficted of Status Dedined Status Dedined         S. Conficted of Status Dedined Status Dedined         <	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4</b> 10192006	REIN-P	CR2E098 (11/05	5)		
	City & State		City & State				→ →			
CAINAS, MARTHA 2110 W SLIGH AVE TAMPA, FL 33604       Name         City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       Date       Date       Date         Street Address (P.O. Box Number is Not Acceptable)       Date       Date       Date         Street Address (P.O. Box Number is Not Acceptable)       Date       Date       Date       Date       Control Instructure (P.O. Date       Date       Date       Date       Date       Date       Control Instructure (P.O. Date       Date       Date       Date       Date       Date       Date       Date       Date<	Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired			
2110 W SLICH AVE       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         City       FL       Zip Code         City       FL       Zip Code         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         City       FL       Zip Code       City       FL       Zip Code         Storature       City       FL       Zip Code       City       City <t< td=""><td></td><td>6. Name and Address of Current Reg</td><td>istered Agent</td><td></td><td>Name</td><td>7. Name and</td><td>Address of New I</td><td>Registered Agent</td><td></td></t<>		6. Name and Address of Current Reg	istered Agent		Name	7. Name and	Address of New I	Registered Agent		
City         FL         Zip Code           6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent.         Dott         Dott         Dott           SIGNATURE         Explore named entity submits this statement for the purpose of changing its registered agent or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent.         Dott         Dott           SIGNATURE         Explore named entity submits this statement for the purpose of changing its registered agent agent and the obligations of registered agent.         Dott         Dott           After Jamuary 1, 2007, Fee will be \$300.00         Dott         In accordance with s. 607.193(2)(b), F.S., the Change 1, 200, 00         Dott           10.         OFFICERS AND DIRECTORS         11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Intel Make 1, 200, 00         Change 1, 200, 00           11.         CAINAS, MARTHA         Intel Name 1, 200, 00         Intel Name 1, 200, 00         Intel Name 1, 200, 00         Addition           NME         PARON, MARIA M         Delete         Intel Name 1, 200, 00         Intel Name 1, 200, 00         Intel Name 1, 200, 00           NME         PARON, MARIA M         Delete         Intel Name 1, 200, 00         Intel Name 1, 200, 00         Intel Name 1, 200, 00         Intel Nam Make 1, 2	2110 W SLIGH AVE				Street Address (P.O. Box Number is Not Acceptable)					
A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent.     SIGNATURE Signature, types of an indicate of registered agent and lefel assesse     (nOTE: Registered Agent Algental space registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent.     SIGNATURE Signature, types of an indicate of registered agent and lefel assesse     (nOTE: Registered Agent Algental space registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent.     SIGNATURE Signature, types of an indicate of registered agent and lefel assesses     (nOTE: Registered Agent Algental space registered agent, or both, in the State of Porida. I am familiar with, and accept the prior notice.     (note: Agent Algental space registered agent, or both, in the State of Porida. I am familiar with, and accept the prior notice.     (note: Agent Algental space registered agent, or both, in the State of Porida. I am familiar with, and accept the prior notice.     (note: Agent Algental space registered agent, or both, in the State of Porida. I am familiar with, and accept the prior notice.     (note: Agent Algental space registered agent, or both, in the State of Porida. I am familiar with, and accept the prior notice.     (note: Agent Algental space registered agent, or both, in the State of Porida. I am familiar with, and accept the prior notice.     (note: Agent Algental space registered agent, and the space registered agent, or both, in the State of Porida. I am familiar with, and accept the prior notice.     (note: Agent Algental space registered agent, and the space registere								···· 1		
the obligations of registered agent.  SIGNATURE  Signature, typed or predictance of registered agent and tile 4 backable  (MOTE: Registered Agent algoniture registered agent and tile 4 backable  (MOTE: Registered Agent algoniture registered agent and tile 4 backable  In accordance with s. 607.193(2)(b), F.S., the Corporation diff and the celeves the prior notice.  In accordance with s. 607.193(2)(b), F.S., the Corporation diff and the celeves the prior notice.  In accordance with s. 607.193(2)(b), F.S., the Corporation diff and the celeves the prior notice.  In accordance with s. 607.193(2)(b), F.S., the Corporation diff and the celeves the prior notice.  In accordance with s. 607.193(2)(b), F.S., the Corporation diff and the celeves the prior notice.  In accordance with s. 607.193(2)(b), F.S., the Corporation diff and the celeves the prior notice.  In accordance with s. 607.193(2)(b), F.S., the Corporation diff and the celeves the prior notice.  In accordance with s. 607.193(2)(b), F.S., the Corporation diff and the celeves the prior notice.  In accordance with s. 607.193(2)(b), F.S., the Corporation diff and the celeves the prior notice.  In accordance with s. 607.193(2)(b), F.S., the Corporation diff and the celeves the prior notice.  In accordance with s. 607.193(2)(b), F.S., the Corporation diff and the celeves the prior notice.  In accordance with s. 607.193(2)(b), F.S., the Corporation diff and the celeves the prior notice.  In accordance with s. 607.193(2)(b), F.S., the Corporation diff.  Intel PS PADRON, MARIA M PS PADRON, MARIA M PS PADRON, MARIA M PADRE, OLUBUS DR Corr s1-2P Intel PADRON, MARIA M PADRE, OLUBUS DR Corr s1-2P Intel NME SIRET ADDRES Corr s1-2P Intel NME Cohange Addition NME SIRET ADDRES Corr s1-2P Intel NME Cohange Addition NME SIRET ADDRES Corr s1-2P Intel NME SIRET ADDRES Corr s1-2P I	0 The should				-	and again as he	the in the State of D	FL		
Dysame typed or prised ager and the function         DATE           FILE NOWILI FEE IS \$150.00         In accordance with s. 607.193(2)(b), F.S., the comportation ddi not receive the prior motice.           10.         OFFICERS AND DIRECTORS         11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           TME         O         Chine         Delete         Init         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           NAKE         CAINAS, MARTHA         Delete         Init         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           NAKE         CAINAS, MARTHA         Delete         Init         Addition           NAKE         CAINAS, MARTHA         Delete         Init         Addition           NAKE         PADRON, MARIA M         NAKE         STRET ADDRSS         11/20/06010655024         #*150, 00           ITTS 1200         TAMPA, FL 33607         ITTE         Delete         ITTE         Delete         ITTE           ITTE         PADRON, MARIA M         STRET ADDRSS         STRET ADDRSS         Change         Addition           STRET ADDRSS         24.34 W COLUMBUS DR         ITTE         ITTE         Change         Addition           STRET ADDRSS         ITTE         ITTE         ITTE         ITTE         ITTE         ITTE <td></td> <td></td> <td>a purpose of changing its r</td> <td>registere</td> <td>ed office of regist</td> <td>ered agent, or bo</td> <td>in, in the state of H</td> <td>ionda. Tam tamiliar wi</td> <td>n, and accept</td>			a purpose of changing its r	registere	ed office of regist	ered agent, or bo	in, in the state of H	ionda. Tam tamiliar wi	n, and accept	
After January 1, 2007, Fee will be \$300.00       corporation did not receive the prior notice.         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TITLE       D       Change       Addition         NAME       2110 W SLIGH AVE       Delete       TILE         TAMPA, FL 33604       OFFICERS VIEW       Change       Addition         ITUE       PS       Delete       TILE       Change       Addition         ITUE       PADRON, MARIA M       ITUE       Change       Addition         ITUE       TAMPA, FL 33607       CITY-SI-2P       CITY-SI-2P       CITY-SI-2P         ITUE       Delete       TILE       Change       Addition         NAME       SIRET ADDRSS       CITY-SI-2P       CITY-SI-2P       CITY-SI-2P         ITTLE       Delete       TILE       Change       Addition         NAME       SIRET ADDRSS       CITY-SI-2P       CITY-SI-2P       CITY-SI-2P </td <td colspan="10"></td>										
ITTLE       D       Delete       ITTLE       NAME       Change       Addition         ITTLE       CAINAS, MARTHA       STREET ADDRESS       11 / 20 / 0601065024       **150.00         CITV-ST-2P       TAMPA, FL 33604       CITV-ST-2P       11 / 20 / 0601065024       **150.00         ITTLE       PS       Delete       ITTLE       Delete       ITTLE       Addition         ITTLE       PADRON, MARIA M       Delete       ITTLE       ITTLE       Change       Addition         ITTLE       S243 W COLUMBUS DR       CITV-ST-2P       TAMPA, FL 33607       CITV-ST-2P       CITV-ST-2P         ITTLE       STREET ADDRESS       CITV-ST-2P       TAMPA, FL 33607       CITV-ST-2P       CITV-ST-2P         ITTLE       STREET ADDRESS       CITV-ST-2P       CITV-ST-2P       CITV-ST-2P       Addition         ITTLE       Delete       TITLE       NAME       STREET ADDRESS       CITV-ST-2P       CITV-ST-2P         ITTLE       Delete       TITLE       STREET ADDRESS       CITV-ST-2P       CITV-ST-2P       CITV-ST-2P         ITTLE       NAME       STREET ADDRESS       CITV-ST-2P       CITV-ST-2P       CITV-ST-2P         ITTLE       Delete       TITLE       Change										
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NAME     STREET ADDRESS       CITY-ST-ZIP     STREET ADDRESS       11. I hereby certify that the information supplied with this filing dees not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director director director or on an attachment with an address, with all effect is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all effer like empowered.	NAME STREET ADORESS		Delete	NAM STRE	e Tet address			🛄 Chang	e 🗍 Addition	
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SIGNATURE: ///// SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date	indicated	on this report or supplemental report is true poration or the receiver or trustee empower	e and accurate and that m reg to execute this report a	r the exe ny signa as requi	emptions contain ture shall have th red by Chapter 6	ed in Chapter 11 le same legal effe 07, Florida Statut	ct as it made under es; and that my nar	r oath; that I am an oth ne appears in Block 10	er or director or Block 11 if	
	SIGNAT		Holun AME OF SIGNING OFFICER	OR DIREC	TOR		11-16 - Date			

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