

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000082329 1. Entity Name AUTO BUSTERS, INC.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 FEB -7 PM 1:05	
Principal Place of Business 748 BURLWOOD ST. BRANDON, FL 33511		Mailing Address 748 BURLWOOD ST. BRANDON, FL 33511			
2. Principal Place of Business - No P.O. Box # 30510 REED RD		3. Mailing Address 30510 REED RD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State DADE City FL		City & State DADE City FL		4. FEI Number 03-0524457	
Zip 33523		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIMHAN, KENDALL 748 BURLWOOD ST. BRANDON, FL 33511			7. Name and Address of New Registered Agent Name Karen Baggeard Street Address (P.O. Box Number is Not Acceptable) 6750 Sutton Oaks Ln Zephyrhills FL 33541		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Karen Baggeard</i></u> DATE <u>2/1/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST KIMHAN, KENDALL 748 BURLWOOD ST. BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Kimhan, Kendall 30510 REED RD DADE City, FL 33523	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT Kimhan, CRISS 30510 REED RD DADE City, FL 33523	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500118415795 02/20/08--01008--027 ***300.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500118415795 02/20/08--01008--028 ***8.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does 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 of the corporation or the receiver or trustee empowered to execute this 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 other like empowered.					
SIGNATURE: <u><i>K R L</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2/1/08</u> Daytime Phone # <u>813-763-3800</u>		