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	Mailing Address
748 BURLWOOD ST. BRANDON, FL 33511	748 BURLWOOD ST. BRANDON, FL 33511

01282008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
30510 REED RD	30510 Reed RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dade City FL	City & State: Dade City FL
Zip: 33523 Country: USA	Zip: 33523 Country: USA

4. FEI Number 03-0524457 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIMHAN, KENDALL 748 BURLWOOD ST. BRANDON, FL 33511	Name: Karen Bageard Street Address (P.O. Box Number is Not Acceptable): 6750 Sutton Oaks Ln City: Zephyrhills FL Zip Code: 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: Karen A Bageard 2/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Kimhan, Kendall 30510 Reed RD Dade City FL 33523 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Kimhan, CRISS 30510 Reed RD Dade City, FL 33523 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500118415795 02/20/08--01008--027 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 2/6/08 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500118415795 02/20/08--01008--028 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-6V ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 2/1/08 813-763-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #