2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000022370

1. Entity Name
BUSTER OF TAMPA INC

FILED
2009 JAN 27 A 9:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1023 EAST MOHAWK AVE TAMPA, FL 33604 US	1023 EAST MOHAWK AVE TAMPA, FL 33604 US

10282008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5808 N. 17 ST	5808 N. 17 ST
Suite, Apt. #, etc.: HOUSE	Suite, Apt. #, etc.: HOUSE
City & State: TAMPA FL 33604	City & State: TAMPA FL.
Zip: 33604 Country: HILL	Zip: 33604 Country: HILL

4. FEI Number: 20-0683212 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASAL, SEBASTIAN
1023 EAST MOHAWK AVE
TAMPA, FL 33604

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: Sebastian Casal 1-11-09
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $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	P CASAL, SEBASTIAN 1023 EAST MOHAWK AVE TAMPA, FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300140667543 01/14/09--01042--007 **150.00
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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: Sebastian Casal 1-11-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #