2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000130323 1. Entity Name TAINO CAR SERVICES, US, INC.				FILED 07 MAR 19 PM 1: 42
Principal Place of Business Mailing Address 1600 E VINE STREET KISSIMMEE, FL 34744-3751 KISSIMMEE, FL 34744-3751			1	ALLARA SLE, FLORIDA
2. Principal P 2323 Suite, Apt.	ace of Business - No P.O. Box Hwy Irlo Kyon Son Hwy #, etc.	3. Mailing Address The Bro 2323 No Bro Suite, Apt. #, etc.	onson Hu	0316 REINSTATEMENTS (1/07) 66-6-7
City & Stall	nmee, FL	Kissimmee	, FL	Applied For Not Applicable Certificate of Status Desired
CASTILLO 4356 SAW STE D	6. Name and Address of Current R , LUIS YIR CIRCLE	egistered Agent	Name Hend Street Address	7. Name and Address of New Registered Agent TY Stoner Calandrino & Brown, P. (P.O. Box Number is Not Acceptable)
ST CLOUD, FL 34772				orange Ave., Suffe 600 and 0 FL ZigCoge 801 ared agent or both in the Seate of Florida. Lago familiar with and accept
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 Signature, typed or printegname 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. ITTLE NAME STREET ADDRESS CITY-SI-ZIP	PD CASTILLO, LUIS 4356 SAWYIR CIRCLE, STE D ST CLOUD, FL 34772	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTILLO, WILLIAM 1600 E VINE STREET KISSIMMEE, FL 347443751		IIILE NAME STREET ADDRESS CILY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	133/2		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 400095146764 03/28/0701009025 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A M		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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 region or the region or the region of the corporation or the region of the corporation of the corporation of the region of the corporation of the region of				
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Despire Phone #				