2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000033563 1. Entity Name TIM'S AUTOMOTIVE, INC									09 FE	FILE		7
Principal Place of Business Mailing Address									SECRI	ETARY O	F STAT	Έ
3700 DAVIE BLVD. 3700 DAVIE BLVD.						US			TALLA	HASSEE	, FLORI	DA
FORT LAUDERDALE, FL 33312 US FORT LAUDERDALE, FL 33312												
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address) e tilo eti lo il		
Suite, Apt.	#, etc.		Suite. Apt. #, etc.					0110 BEING TATEN SALTON 08 -00				
City & Stat	е		City & State					4. FEI Numb	er			pplied For at Applicable
Zip		Country	Zip	Žip Cour				5. Certificate	of Status Desired		8.75 Add	litional
	6. Name	and Address of Current	Registered Ag	gistered Agent			1	7. Name and	Address of New F			
AD IODA DA NOTMANIJOANI						Name						
ADJODA, RAJYSTMANURA N 15554 62ND STREET NORTH					Street Address (P.O			.O. Box Number is Not Acceptable)				
LOXAHATCHEE, FL 33470												
						City				FL	Zip Code	e
The above named entity submits this statement for the purpose of changing its registers						od office or re	TL '					
	tions of regist		me purpose c	a changing its n	egistere	ed office of re	yisici	eo agent, or bo	in, in the state of ri	onua. Familia	minist with	and accept
SIGNATURE Resistance Asjoids RALYSTMANURA ADJODA PRESIDENT 1/28/09 Signature required name of registated agent and little if applicable (NOTE: Registatered Agent signature required when reinstalling) OATE												
											F.O. 4-	
FILE NOW!!! FEE IS \$300.00									corporation did	not receive	the prior r	notice.
10.		OFFICERS AND		11.			ADDITIONS	CHANGES TO OFF				
TITLE NAME	P/D Delete TITL ADJODA, RAJYSTMANURA N					. I		90	m1429	1318:	☐ Change	☐ Addition
STREET ADDRESS	15554 62ND STREET NORTH					ET ADDRESS		02705.	19.1 . # # # # # # # # # # # # # # # # # # #	012	**300.	00
CITY+ST-ZIP	LOXAHAT	ST-ZIP										
ILLTE	VP/D Delete TITLE ADJODA, LISA										Change	☐ Addition
NAME STREET ADDRESS		ET ADDRESS						İ				
CITY-ST-ZIP	15554 62ND STREET NORTH STREE LOXAHATCHEE, FL 33470 CITY											
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NAME STREET ADDRESS	İ				NAME	: Et address						ļ
CITY-\$1-ZIP						ST-ZIP						
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TITLE: NAME				☐ Delete	TITLE						Change	☐ Addition
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CITY-ST-ZIP						ST · ZiP						
indicated of the cor	12. Thereby 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.											

RAYSTMANUE ADJOJA 1/28/09
BIGGATERE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

954-581-5426 Daytime Phone #