

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jlm Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000004621

1. Corporation Name

TACO AFTERMARKET MANAGEMENT, INC.

2. Principal Office Address

50 NE 179th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33162

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/16/1996

5. FEI Number

65-0640522

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

Robert M. Kramer, Esq.

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

4000 Hollywood Boulevard

Suite, Apt. #, Etc.

Suite 485-South

City

Hollywood

State
FL

Zip Code

33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date 11/25/2002

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	JON KUSHNER	50 NE 179th Street	Miami, FL 33162
DV	WILLIAM KUSHNER	50 NE 179th Street	Miami, FL 33162

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Kushner

Date

11-25-02

Daytime Phone #

305-652-8566