PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP 11 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

DOCUMENT # **P97000036515**

1. Corporation Name

TANGO PAINT & BODY SHOP INC.

Principal Place of Business	Mailing Address
1711 WEST 40 STREET #6 HIALEAH FL 33012	1711 WEST 40 STREET #6 HIALEAH FL 33012 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

05/14/01 90088 004 150.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 2704 West 54 Street	Suite, Apt. #, etc. 2704 West 54 Street
City & State Hialeah FL.	City & State Hialeah FL.
Zip 33016 Country Miami Dade	Zip 33016 Country Miami Dade

4. Date Incorporated or Qualified To Do Business in Florida: 04/23/1997

5. FEI Number: 65-0748424 ☐ Applied For ☐ Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ENRIQUEZ, ANTONIO R	1910 WEST 56 STREET #3122	HIALEAH FL 33012
VD	CHAZARRETA, MA. CONCEPCION	1910 WEST 56 STREET #3122	HIALEAH FL 33012
	ENRIQUEZ ANTONIO	2704 West 54 Street	Hialeah. 33016
	Chazarreta Ma. Conc	2704 West. 54 Street	Hialeah 33016
			500007733125--9

-09/13/02--01044--023
*****300.00 *****300.00

8. Name and Address of Current Registered Agent

ENRIQUEZ, ANTONIO R
1711 WEST 40 STREET
#6
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Maria Chazarreta

REGISTERED AGENT MUST SIGN

Date: 09/09/02.

11. 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)(i), 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: ANTONIO ENRIQUEZ 09/09/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #