

L01000009432

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

03 APR -8 PM 2:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L01000009432
1. Limited Liability Company's Name
Auto RADIATOR Advanced Auto Air & Fabrication

200013267822
04/08/03--01027--010 **50.00
200013267822
02/28/03--01035--002 **150.00

2. Principal Office Address 2243 12TH ST. Suite, Apt. #, etc.		3. Mailing Office Address 2243 12TH ST. Suite, Apt. #, etc.	
City & State SARASOTA FL.		City & State SARASOTA FL.	
Zip 34237	Country	Zip 34237	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 65-1121515	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name J. Geoffrey Pflugner	Kimberly A. Rosploch		
Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN ST. SUITE #600	2243 12TH ST.		
Suite, Apt. #, Etc.	Change →		
City SARASOTA, FL. 34237	State FL	Zip Code 34237	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent Kimberly A Rosploch Date 2/19/03
(REGISTERED AGENT MUST SIGN)

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip.
Pres.	Kimberly A. Rosploch	2243 12TH ST.	SARASOTA, FL. 34237
			2002-2003
			REINSTATEMENT
			JB

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Kimberly A Rosploch Date 2/19/03 Daytime Phone # (941) 366-4002
Typed or printed name of signing Managing Member/Manager Kimberly A. Rosploch