APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L98000002089

1. Name and Mailing Address of Limited Liability Company

Sonic - FM Automotive, LLC
13880 S. Tamiami Trail
Ft. Myers, FL 33912

1a. Principal Place of Business Address

13880 S. Tamiami Trail
Ft. Myers, FL 33912

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

13880 S. Tamiami Trail

Suite, Apt. #, etc.

City & State: Ft. Myers, FL

Zip: 33912 Country: USA

2a. Mailing Address

same

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Organized or Qualified: October 2, 1998

3a. State of Formation: Florida

4. FEI Number: 59-3535971

☐ Applied For
☐ Not Applicable

5. Date of Last Report: N/A

6. Certificate of Status Desired: [redacted] XX

7. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City FL Zip Code

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: Connie Bryan Connie Bryan, Asst. Sec. Date: 10-29-99
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Mgr	O. Bruton Smith	5401 E. Independence Blvd.	Charlotte, NC 28212
Mgr	B. Scott Smith	5401 E. Independence Blvd.	Charlotte, NC 28212
Mgr	Theodore M. Wright	5401 E. Independence Blvd.	Charlotte, NC 28212

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****155.00 ****155.00

11. I certify that I am managing member/manager or the reciever 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: O. Bruton Smith Date: 10-27-99 Daytime Phone # (704) 532-3320

Manager

Typed or printed name of signing Managing Member/Manager: O. Bruton Smith

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