PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 30 PM 11:02

DOCUMENT # L99000008049

1. Limited Liability Company's Name

Oceanside Tire & Service, L.L.C.

REINSTATEMENT 2000

2. Principal Office Address	**3.** Mailing Office Address
201 N. Clyde Morris	same
Suite, Apt. #, etc.: ste 100	Suite, Apt. #, etc.:
City & State: Daytona Beach, FL	City & State:
Zip: 32114 Country: USA	Zip: Country:

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: Nov 23, 1999

6. FEI Number: EIN 59-3646715 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Louis M. Agnone

Street Address (P.O. Box Number is Not Acceptable): 201 N. Clyde Morris

Suite, Apt. #, Etc.: ste 100

City: Daytona Beach State: FL Zip Code: 32114

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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: Louis M. Agnone (REGISTERED AGENT MUST SIGN) Date: 10-24-00

CR2E041 (9/00)

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
MGRM	Louis M. Agnone	201 N. Clyde Morris	Daytona Beach, FL 32114
MGRM	Gregory J. Stella	same	
MGRM	Harry Moulis	same	
MGRM	Donato Ricci	same	
MGRM	Paul B. Goldberg	same	

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: Louis M. Agnone Date: 10-24-00 Daytime Phone #: (904) 257-9400

Typed or printed name of signing Managing Member/Manager: Louis M. Agnone