

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

LIMITED LIABILITY COMPANY REINSTATEMENT
UBR

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

FILED

02 JAN 14 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001782

1. Limited Liability Company's Name

Fort Pierce Automotive, L.L.C.

2. Principal Office Address

2410 South 4th Street

Suite, Apt. #, etc.

City & State

Fort Pierce Florida

Zip

34982

Country

U.S.A.

3. Mailing Office Address

409 Northwest Canterbury Ct

Suite, Apt. #, etc.

City & State

Port St Lucie Florida

Zip

34983

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

2-16-2000

6. FEI Number

65-0984398

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ **YES**

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Joseph Finelli

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

2410 South 4th Street

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34982

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

[Signature]

Date

1-10-02

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
MEM	Joe Finelli	409 N.W. Canterbury Ct	Port St Lucie Florida 34983

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

[Signature]

Date

1-10-02

Daytime Phone #

561-344-0208

Typed or printed name of signing Managing Member/Manager

Joe Finelli

CR2001 (9/01)

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Florida Department of State, Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL
32314

January 10, 2002

To Whom It May Concern:

I did not receive my renewal notice due to a change in address. Enclosed you will find the Reinstatement Fee for \$100.00. Please send any future mailings to my new address below: *+ \$5.00 for status*

Fort Pierce Automotive, LLC
Attn: Mr. Joseph Finelli
409 NW Canterbury Court
Port St. Lucie, FL
34984

Thank you for directing your attention to this matter.

Sincerely,



Joseph Finelli
Manager/Member Detail
Fort Pierce Automotive, LLC