

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

01 NOV -1 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

L-4285

**1. Limited Liability Company's Name**

SUN MOTORS OF THE PALM BEACHES LLC

**2. Principal Office Address**

1100 N. Florida Mango Rd Ste H

Suite, Apt. #, etc.

Suite H

City & State

West Palm Beach, FL

Zip

33409

Country

Palm Beach

**3. Mailing Office Address**

1100 North Florida Mango Rd

Suite, Apt. #, etc.

suite H

City & State

West Palm Beach, FL

Zip

33409

Country

Palm Beach

**4. State/Country of Formation**

Florida

Palm Beach

**5. Date Organized or Qualified**

To Do Business in Florida

4-2000

**6. FEI Number**

65-0996054

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED**

☒ \$500 Additional Fee required for a Certificate of Status

**REINSTATEMENT 2001**

**8. Name and Address of Current Registered Agent**

Name

ALBERT J. MUCCI

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

15783 EXPRESS PARK DRIVE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

100004686071-3

-11/16/01--01094--007

\*\*\*\*150.00 \*\*\*\*150.00

**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

Albert J. Mucci  
REGISTERED AGENT MUST SIGN

Date

OCT 29 2001

**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
MSR	ALBERT J. MUCCI	15783 EXPRESS PARK DR.	WELLINGTON, FL 33414

**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

Albert J. Mucci

Date

10/29/01

Daytime Phone #

561-684-5666

Typed or printed name of signing Managing Member/Manager

ALBERT J. MUCCI

CR2001 (9/00)