

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 29 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004315

1. Limited Liability Company's Name

Fort Myers Collision Center, LLC

2. Principal Office Address

12490 metro Parkway

Suite, Apt. #, etc.

City & State

Fort Myers - Florida

Zip Country

33912

3. Mailing Office Address

12490 metro Parkway

Suite, Apt. #, etc.

City & State

Fort Myers - Florida

Zip Country

33912

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

4/14/00

6. FEI Number

59-3659948

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Scott Fink

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

3030 Turtle Brook

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33761

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

X [Signature]

Date 10/31/01

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
	Scott Fink MGRM	3030 Turtle Brook	CLW, FL 33761
	Tim McCabe MGRM	3544 Landmark Trail	Palm Harbor, FL 34684

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

X [Signature]

Date 10/31/01

Daytime Phone # 727-224-2460

Typed or printed name of signing Managing Member/Manager