

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004919

1. Limited Liability Company's Name

A-1 Radiator & A/C, LLC

2. Principal Office Address

4715 US Hwy 1

Suite, Apt. #, etc.

3. Mailing Office Address

4715 S US Hwy 1

Suite, Apt. #, etc.

City & State

Ft Pierce FL

City & State

Ft Pierce FL

Zip

34982

Country

St Lucie

Zip

34982

Country

St Lucie

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

105-1003607

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

Middleton C Henderson III

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

580 SE Solida Circle

Suite, Apt. #, Etc.

City

Port St Lucie

State

FL

Zip Code

34983

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] owner/member

Date

10-15-03

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
mgr	Middleton C Henderson	580 SE Solida Cir Port St Lucie 34983	Port St Lucie FL 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] owner/member

Date

10-15-03

Daytime Phone #

772-465-4442

Typed or printed name of signing Managing Member/Manager

Middleton C. Henderson III

CR2041 (10/02)