

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -7 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000007764

1. Limited Liability Company's Name

Williamson Saturn of
Miami Lakes, LLC
REINSTATEMENT 2003-2004

2. Principal Office Address

6200 NW 167st

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33014

Country

USA

3. Mailing Office Address

7815 SW 104st

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

USA

REINSTATEMENT 2003-2004

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

8/20/00

6. FEI Number

651030360

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

George E. Williamson II

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

7815 SW 104st

Suite, Apt. #, Etc.

FL

City

Miami

600038012676

06/16/04-01040-004 **100.00

600038012676

07/07/04-01038-004 **100.00

FL

33156

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

George E. Williamson II
REGISTERED AGENT MUST SIGN

Date 6/14/04

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
PD	George E. Williamson II	7815 SW 104st	Miami, FL 33156
VSD	Thomas W. Williamson	7815 SW 104st	Miami, FL 33156
VD	Luis Vera	7815 SW 104st	Miami, FL 33156
T	Carol F. Williamson	7815 SW 104st	Miami, FL 33156
AS	Vivian Reyes	7815 SW 104st	Miami, FL 33156
REINSTATEMENT		2003-2004	

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

Vivian Reyes

Date

5-18-04

Daytime Phone #

305-670-7110

Typed or printed name of signing Managing Member/Manager

Vivian Reyes

CR2E041 (10/02)