

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

REINSTATEMENT  
FILED

2001

01 OCT 26 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 200000010145

1. Limited Liability Company's Name

TowedVehicles.Com, LLC,

2. Principal Office Address

896 SATINLEAF CIR

Suite, Apt. #, etc.

City & State

Ocoee Florida

Zip

34761

Country

USA

3. Mailing Office Address

896 SATINLEAF CIR

Suite, Apt. #, etc.

City & State

Ocoee Florida

Zip

34761

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

8-22-2000

6. FEI Number

59-3733736

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

Lewis L. ALBery II

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

896 SATINLEAF CIR

Suite, Apt. #, Etc.

City

Ocoee FL

State

FL

Zip Code

34761

800004663048-1  
-11/01/01--01064--009  
\*\*\*\*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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-21-2001

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres   | Lewis L. ALBery II                   | 896 SATINLEAF CIR                                 | Ocoee FL 34761     |
| Sec    | Lewis L. ALBery sr                   | 14429 DANTE AVE                                   | Dolton IL 60419    |
| Treas  | Lewis L. ALBery II                   | 896 SATINLEAF CIR                                 | Ocoee FL 34761     |
|        |                                      |   |                    |
|        |                                      |   |                    |

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 terminated, 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

10-21-2001

Daytime Phone #

407-656-7788

Typed or printed name of signing Managing Member/Manager

Lewis L. ALBery II

CR2E041 (9/01)