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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 31 PM 2:50

1. DOCUMENT # L00000010282

Name and Mailing Address

0001525 01 AT 0.292 **AUTO T7 3 0615 32177-960656

B AUTO GROUP, L.L.C.
256 HIGHWAY 17 NORTH
PALATKA FL 32177-9606

2. New Mailing Address

City, State, Zip

Principal Place of Business
2640 US 1 SOUTH
ST AUGUSTINE FL 32086

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
08/21/2000

6. FEI Number
59-3670922

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

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

PICKENS, JOE H
222 N. 3RD STREET
PALATKA FL 32177-3710

9. **Name and Address of New Registered Agent**

Name

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

City FL Zip Code

10. 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 REQUIRED Date 12/31/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SLOAN, PRESTON B	2601 FAIRWAY DRIVE	PALATKA FL 32177
MGR	SLOAN, BRADLEY C	129 WALTON RD	EAST PALATKA FL 32131
MGR	BECK, CARL C JR	256 HWY 17 NORTH	PALATKA FL 32177

REINSTATEMENT 03 200025534262
12/16/03--01072--022 **55.00
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12. I certify that I am managing member/manager / 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 REQUIRED Date 12/31/03 Daytime Phone # 386-328-8863 X124

Typed or printed name of signing Managing Member/Manager Bradley C. Sloan

To whom it may concern:

Here are our cks for the 2 stories that did not go through on the internet. I have attached a copy of the print out fm. the internet to show when we posted these. I spoke w/ a lady on the phone when I recieved these 2 notices & she directed me to write cks & send them in w/ the copies. If you have any questions please contact me @ 386-328-8863 x163.

Thank you-
Gina Wortex