

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # **L00000014572**

1. Limited Liability Company's Name

B **GUILLEN AUTO SALES & SERVICES L.L.C.**

2. Principal Office Address

301 US HWY 17-92 N

Suite, Apt. #, etc.

City & State

HAINES CITY FL

Zip

33844

Country

POLK

3. Mailing Office Address

301 US HWY 17-92 N

Suite, Apt. #, etc.

City & State

HAINES CITY FL

Zip

33844

Country

POLK

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

OCTOBER 01, 01

6. FEI Number

APPLY FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -3 AM 10:18

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-12/11/01--01004--015
******150.00 ****150.00**

8. Name and Address of Current Registered Agent

Name

HINGINIO GUILLEN

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

816 POPLARWOOD LANE

Suite, Apt. #, Etc.

City

KISSIMMEE

State
FL

Zip Code

34743

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

11/30/01

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
P	HINGINIO GUILLEN	816 POPLARWOOD LANE	KISSIMMEE FL 34743

REINSTATEMENT 2001

Rein 100
UBR 50
150 net

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]

Date

11/30/01

Daytime Phone #

(863) 421-5525

Typed or printed name of signing Managing Member/Manager