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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

**L01000001755**

FLORIDA DEPARTMENT OF REVENUE  
George E. Hardaway  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 22 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000001755

Name and Mailing Address

0008064 01 AT 0.292 \*\*AUTO TO 0 0615 33304-142337



STAR AUTO FINANCE, LLC  
1137 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33304-1423



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/02/2001	
Principal Place of Business 1137 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33304	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1074581	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MERKIN, STEWART A 444 BRICKELL AVE. SUITE 300 MIAMI FL 33131	9. Name and Address of New Registered Agent Name <u>U.R.I. SZAPIRO</u> Street Address (P.O. Box Number is Not Acceptable) <u>1137 N. Federal Hwy</u> City <u>Fort Lauderdale</u> FL <u>33304</u>
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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**  
REGISTERED AGENT MUST SIGN

Date 11-17-03

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
MGRM	SZAPIRO, URL	1640 Sweetbay Way Fort Lauderdale, FL 33304	Hollywood, FL 33019
MGRM	SZAPIRO, DOV	1000 Island Blvd, #302 Fort Lauderdale, FL 33304	Aventura, FL 33160

800024001508  
10/22/03--01013--006 \*\*150.00

**REINSTATEMENT**

2003  
JB

12. 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 REQUIRED**

Date 10-17-03

Daytime Phone # (954) 615-1400

Typed or printed name of signing Managing Member/Manager

URI SZAPIRO

CR2E034 (7/03)