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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000003003

Name and Mailing Address

0014058 01 AT 0.292 **AUTO T1 0 0615 33914-620124

FAST OIL & LUBE STORE 5, L.L.C.

1724 SW 44TH ST
CAPE CORAL FL 33914-6201



2. New Mailing Address

29049 Sugar Island Ct.

City, State, Zip

Gibraltar MI 48193

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

02/27/2001

Principal Place of Business

2991 FOWLER
FORT MYERS FL 33901

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

31-1761437

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

HOLBDY, RICKY
1724 SW 44TH ST
CAPE CORAL FL 33914

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
REGISTERED AGENT MUST SIGN

Date 10-20-03

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
MGR	HOLBDY, RICKY F	1724 SW 44TH ST	CAPE CORAL FL 33914

900024284659
10/30/03--01033--007 **150.00

REINSTATEMENT

03
dec

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 10-20-03 Daytime Phone # 734-624-3022

Typed or printed name of signing Managing Member/Manager

CR2EG84 (7/03)