LO100000S283

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 11: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO100000S283

1. Limited Liability Company's Name

Advantage Auto Sales & Leasing, LLC

2. Principal Office Address	**3.** Mailing Office Address	
2049 W. Landstreet Road	2049 W. Landstreet Road	**4.** State/Country of Formation: Florida/Orange
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida 4/2/01
City & State: Orlando, Florida	City & State: Orlando, Florida	**6.** FEI Number 593714204 — Applied For / Not Applicable
Zip 32809 / Country USA	Zip 32809 / Country USA	**7.** CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Mary J. Davidson

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

14889 Hartford Run Drive

Suite, Apt. #, Etc.

800023913429
10/17/03--01084--008 **150.00

City	State	Zip Code
Orlando	FL	32828

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 _Mary J. Davidson_
REGISTERED AGENT MUST SIGN
Date 10-10-03

CR2E041 (10/02)

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
VP	David Davidson	14889 Hartford Run Dr.	Orlando, FL 32828
Mgr.	Mary J. Davidson	14889 Hartford Run Dr.	Orlando, FL 32828

REINSTATEMENT 2003

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 _David E. Davidson_
Date 10-10-03 Daytime Phone # 407-438-3677

Typed or printed name of signing Managing Member/Manager ___David Davidson___