

LP1000009817

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 31 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LP1000009817

1. Limited Liability Company's Name

AUTOKRAZE, LLC

000010198760
01/31/03--01059--003 **50.00

000010198760
01/17/03--01085--001 **155.00

2. Principal Office Address

4541 NW 7th STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANTATION, FLORIDA

Zip

33317

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Name

JASON DUBOW, ESQ.

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

215 NORTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City

DANIA BEACH

State

FL

Zip Code

33004

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 12/17/02

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
MGR-M	PAUL BENJAMIN	4541 NW 7th STREET	PLANTATION, FL 33317
MGR	CAROLYN BENJAMIN	4541 NW 7th STREET	PLANTATION, FL 33317

REINSTATEMENT
REINSTATEMENT

02-03-04
dec

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 1/7/03

Daytime Phone # 876-978-2091

Typed or printed name of signing Managing Member/Manager

PAUL BENJAMIN

CR2E041 (9/01)