

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

1. DOCUMENT # L01000010935

Name and Mailing Address

0014001 01 AT 0.292 \*\*AUTO T1 0 0615 33908-493051

11551 COMPASS POINT DRIVE

AUTOSPORT CAR RENTAL, L.L.C.

11551 COMPASS POINT DRIVE

FORT MYERS FL 33908-4930

04 FEB 26 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

US

2003-2004

2. New Mailing Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

06/29/2001

11551 COMPASS POINT DRIVE  
FORT MYERS FL 33908  
US

16045 San Carlos Blvd  
City, State, Zip  
Fort Myers, FL 33919

6. Filing Number 50-3365396  
APPLIED FOR

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

RUSSO, CHARLES  
11551 COMPASS POINT DRIVE  
FORT MYERS FL 33908

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

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	RUSSO, CHARLES	11551 COMPASS POINT DRIVE	FORT MYERS FL 33908
			300024760073 03/11/04--01035--003 **50.00
			300024760073 11/17/03--01089--014 **150.00
			REINSTATEMENT 2003-2004

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

11-8-03

Daytime Phone #

239-433-9830

Signature of  
Managing Member/Manager

CHARLES RUSSO

CR2EG84 (7/03)