

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 22 AM 10:07

DOCUMENT # LO1000010935

1. Limited Liability Company's Name

Autosport Car Rental, LLC

2. Principal Office Address

17284 San Carlos Blvd.

Suite, Apt. #, etc.

Suite 103

City & State

Ft. Myers Beach, FL

Zip

33931

Country

3. Mailing Office Address

17284 San Carlos Blvd.

Suite, Apt. #, etc.

Suite 103

City & State

Ft. Myers Beach, FL

Zip

33931

Country

4. State/Country of Formation

Florida, Lee

5. Date Organized or Qualified  
To Do Business in Florida

06/29/01

6. FEI Number

56-2365396

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

Charles Russo

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

12401 Arbor View Drive

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33908

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

REGISTERED AGENT MUST SIGN

Date

**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
mgrm	Charles Russo	12401 Arbor View Drive	Ft. Myers, FL 33908
			000080460700 10/04/06--01037--012 **300.00
			REINSTATEMENT 05-06

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

Date

9/17/06

Daytime Phone #

(239) 218-7865

Typed or printed name of signing Managing Member/Manager

Charles Russo