


L01000012753

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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FILED
2002 NOV 26 PM 12:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012753
Name and Mailing Address

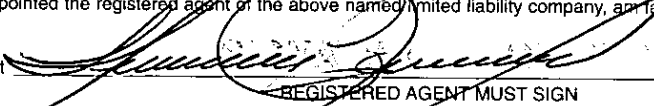
0003415 01 FP 0,352 **PRSR T1 0 0615 33317-734251
AUTO PAINTING OF HOLLYWOOD, L.L.C.
2051 SW 70TH AVENUE, BAY E1
DAVIE FL 33317-7342



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2051 SW 70TH AVENUE, BAY E1 DAVIE FL 33317		5. Date Organized or Qualified To Do Business in Florida 08/01/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1127162	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SLUTSKY, STUART M 2500 WESTON ROAD, SUITE 220 WESTON FL 33331	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

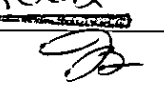
Signature of Registered Agent  Date 10/24/02

REGISTERED AGENT MUST SIGN

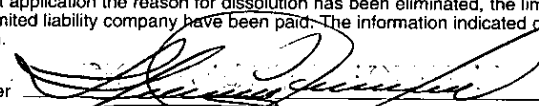
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ROLANDO, LUIS E	2051 SW 70TH AVENUE, BAY E1	DAVIE FL 33317

700009228917
11/25/02-01084-006 **150.00

REINSTATEMENT 2002



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  Date 10/24/02 Daytime Phone (954) 4727801

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)