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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



DEPARTMENT OF STATE  
Division of Corporations  
and State Records  
Tallahassee, Florida

**L01000012753**

FILED

1. DOCUMENT # L01000012753

Name and Mailing Address

0008598 01 AT 0.292 \*\*AUTO T1 0 0615 33317-734251



AUTO PAINTING OF HOLLYWOOD, L.L.C.  
2051 SW 70TH AVENUE, BAY E1  
DAVIE FL 33317-7342

04 FEB -2 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/01/2001	
Principal Place of Business 2051 SW 70TH AVENUE, BAY E1 DAVIE FL 33317	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1127162	Applied For Not Applicable
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	
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 <i>[Signature]</i> <b>REGISTERED AGENT MUST SIGN</b> Date <i>1/7/02</i>			
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
		900028698339 02/13/04 01017 003 **200.00	
		<b>REINSTATEMENT</b> <i>2003-2004</i> M THOMAS	
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 <i>[Signature]</i>		Date <i>1/7/02</i>	Daytime Phone # <i>954 6066</i>
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)