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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT



DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2002 NOV 26 PM 12:20

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012755

Name and Mailing Address

0003416 01 FP 0.352 \*\*PRSRT T1 0 0615 33317-734251



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



CR2E034 (8/02)

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 65-1127160	Applied For Not Applicable
8. Name and Address of Current Registered Agent SLUTSKY, STUART M 2500 WESTON RAD, SUITE 220 WESTON FL 33331		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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> Date <i>10/28/02</i> 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
			600009228846 11/26/02--01084--005 **150.00
REINSTATEMENT 2002			<i>[Signature]</i>

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]* Date *10/28/02* Daytime Phone # *(954) 9660560*  
Typed or printed name of signing Managing Member/Manager