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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

L01000012755

FILED

1. DOCUMENT # L01000012755

Name and Mailing Address

04 FEB -2 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008589 01 AT 0.292 **AUTO T1 0 0615 33317-734251



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



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
		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 RAD, 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 *[Signature]* **SIGNATURE REQUIRED** Date 1/7/04
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

700028698357
02/13/04 01017 004 **200.00

REINSTATEMENT 2003-2004
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 *[Signature]* **SIGNATURE REQUIRED** Date 1/7/04 Daytime Phone # (954) 954-6066
Typed or printed name of signing Managing Member/Manager

CR2004 (7/03)