Tear Here ▲ ▲ Tear Here ▲ ▲

PLEASE READ ALL INSTRUCTIONS BEFORE C TING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

L01000012923

FILED
04 OCT -4 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012923

Name and Mailing Address

0005837 01 AT 0.292 **AUTO T3 0 0615 33130-330865

MIAMI AUTOMOTIVE RETAIL, LLC
665 S.W. 8TH ST.
MIAMI FL 33130-3308

CR2E084 (7/03)

2. New Mailing Address City, State, Zip	4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 08/03/2001
Principal Place of Business 665 S.W. 8TH ST. MIAMI FL 33130 3. New Principal Place of Business Address City, State, Zip	6. FEI Number APPLIED FOR ☐ 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	9. Name and Address of New Registered Agent
ROSEN, LAWRENCE N 2925 AVENTURA BLVD., STE. 308 AVENTURA FL 33180	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 Lawrence N. Rosen SIGNATURE REQUIRED Date 9/30/04

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	MURGADO, MARIO	665 S.W. 8TH ST.	MIAMI FL 33130
			300041821088 10/12/04--01051--002 **200.00
		REINSTATEMENT 2003-2004	

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/Manage SIGNATURE REQUIRED Date 9/30/04 Daytime Phone # 305-856-7000

Typed or printed name of signing Managing Member/Manager