

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State

02 DEC -4 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000013296**

1. Limited Liability Company's Name

TRAILER WORLD OUTLET, LLC

2. Principal Office Address

28114 County Road #561

Suite, Apt. #, etc.

City & State

Astatula, Florida

Zip

34705

Country

USA

3. Mailing Office Address

28114 County Road #561

Suite, Apt. #, etc.

City & State

Tavares, Florida

Zip

32778

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/09/2001

6. FEI Number

xx

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

Name

Lawrence B. Steinberg

Street Address (P.O. Box Number is Not Acceptable)

6700 South Federal Highway

Suite, Apt. #, Etc.

200

City

Boca Raton

State

FL

Zip Code

33432

9. 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]

REGISTERED AGENT MUST SIGN

Date November 26, 2002

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Tina Brockie	28114 County Road #561	Astatula, Florida 34705

11. 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 11/27/02

Daytime Phone # (352) 742-9111

Typed or printed name of signing Managing Member/Manager Tina Brockie