

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 OCT 25 AM 8:06

DIVISION OF CORPORATIONS
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.

3. Mailing Office Address

28114 County Road 561

Suite, Apt. #, etc.

City & State

Tavares, FL

City & State

Tavares, FL

Zip

32778

Country

USA

Zip

32778

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

54-2087036

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)

700 South Federal Highway

Suite, Apt. #, Etc.

Suite 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**

REGISTERED AGENT MUST SIGN

Date

10/20/04

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
MANAGER	Tina Brockie	28114 CR 561	Tavares, FL 32778

REINSTATEMENT

2003-04-28

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**

Date

10-14-04

Daytime Phone # 352-742-9111

Typed or printed name of signing Managing Member/Manager

Tina Brockie

CR2004 (10/02)