


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:41

1. DOCUMENT # L01000018707

Name and Mailing Address

0017521 01 FP 0.352 \*\*PRSR T4 0 0615 33401

U.S. MOTORS, LLC  
1320 OLD OKEECHOBEE ROAD  
WEST PALM BEACH FL 33401



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/26/2001	
Principal Place of Business 1320 OLD OKEECHOBEE ROAD WEST PALM BEACH FL 33401	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1146009	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  BURDICK, GEOFFREY C 1110 NORTH OLIVE AVENUE WEST PALM BEACH FL 33401	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 *Stan Travis* **SIGNATURE REQUIRED** Date \_\_\_\_\_

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	TRAVIS, STAN	1320 OLD OKEECHOBEE ROAD	WEST PALM BEACH FL 33401
			700025264197 12/00/03 --01001--027 **150.00

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 *Stan Travis* **SIGNATURE REQUIRED** Date 12/2/03 Daytime Phone (561) 227-0060

Typed or printed name of signing Managing Member/Manager Stan Travis

CR2E034 (7/03)

REINSTATEMENT 03  
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