

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

04 JAN -9 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020502

Name and Mailing Address :

0015123 01 AB 0.301 **AUTO T6 3 0615 34471-282605
TRUCK IMAGE, LLC
1205 SE 32ND AVE.
OCALA FL 34471-2826



| | | | |
|--|--|---|--------------------------------------|
| 2. New Mailing Address 11955 NW 11th Place | | 4. State/Country of Formation FL | |
| City, State, Zip Gainesville FL 32606 | | 5. Date Organized or Qualified To Do Business in Florida 11/26/2001 | |
| Principal Place of Business 1205 SE 32ND AVE. OCALA FL 34471 | 3. New Principal Place of Business Address 11955 NW 11th Place | 6. FEI Number 59-3756898 | Applied For Not Applicable |
| City, State, Zip Gainesville FL 32606 | | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | | | |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent COMPTON, JEFFREY S 1205 SE 32ND AVE. OCALA FL 34471 | | 9. Name and Address of New Registered Agent Name Charles E. Fletcher Street Address (P.O. Box Number is Not Acceptable) 11955 NW 11th Place City Gainesville FL Zip Code 32606 | |
|---|--|--|--|

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 **Charles E. Fletcher** **REQUIRED** Date **1/08/04**
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 |
|---|-----------------------------------|--|---------------------------|
| MGRM | COMPTON, JEFFREY S OM | 1205 SE 32ND AVE | OCALA FL 34471 |
| MGRM | Compton, Jeffrey S. | 3475 SE 41st Place | Ocala FL 34480 |
| MGRM | Fletcher, Charles E. | 11955 NW 11th Place | Gainesville FL 32606 |
| 200026608822 01/09/04-01061-001-**-SO-205.00 | | | |
| REINSTATEMENT 03-04 | | | |

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 **Jeffrey S. Compton** **REQUIRED** Date **1-2-04** Daytime Phone # **852-427-8645**
Typed or printed name of signing Managing Member/Manager **JEFFREY S COMPTON**