

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000021409
1. DOCUMENT # L01000021409
Name and Mailing Address
0003114 01 FP 0.352 **PRSR TO 0 0615 33304-203431
CAR CRAZY, LLC
1231 NE 9TH AVE.
FORT LAUDERDALE FL 33304-2034
02 NOV -4 PM 12:56
L211/6

REINSTATEMENT



2. New Mailing Address 1227 NE 9th Avenue City, State, Zip Fort Lauderdale FL 33304		4. State/Country of Formation FL	
Principal Place of Business 1231 NE 9TH AVE. FORT LAUDERDALE FL 33304		5. Date Organized or Qualified To Do Business in Florida 12/11/2001	
3. New Principal Place of Business Address 1227 NE 9th Ave City, State, Zip Fort Lauderdale FL 33304		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent DARLING, EVAN M 1231 NE 9TH AVE. FORT LAUDERDALE FL 33304		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200008789028 11/04/02--01093--001 **150.00 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 REGISTERED AGENT MUST SIGN Date 8-20-02			
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
President	Evan Darling	1227 NE 9th Avenue	Fort Lauderdale FL 33304

REINSTATEMENT 2002

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
Date 10-22-02 Daytime Phone # 954-540-6496

Typed or printed name of signing Managing Member/Manager