

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



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

03 OCT-22 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000706

Name and Mailing Address

0001533 01 AT 0.292 **AUTO T7 3 0615 32190-786403

A&S EXPRESS OF SEVILLE, FL, LLC
603 PURVIS ROAD
SEVILLE FL 32190-7864



US

04/30/03 90186 024 \$50.00

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 01/07/2002		6. FEI Number 01-0568681	
Principal Place of Business 603 PURVIS ROAD SEVILLE FL 32190 US		3. New Principal Place of Business Address City, State, Zip	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CHAMMAH, ABDUL S 603 PURVIS ROAD SEVILLE FL 32190		9. Name and Address of New Registered Agent Name Abdul Chammah Street Address (P.O. Box Number is Not Applicable) 603 Purvis Rd City Seville FL 32190	
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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 [Signature] **SIGNATURE REQUIRED** Date 10/16/03
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	Abdul Chammah	603 Purvis Rd Seville, FL	Seville, FL 32190

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 [Signature] **SIGNATURE REQUIRED** Date 10/16/03 Daytime Phone # 386 749 1699
Typed or printed name of signing Managing Member/Manager

CR2E04 (7/03)

0-16-03



A & S Express
of Seville, FL, LLC

603 Purvis Road
Seville, FL 32190
(386) 749-1699

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Document # L020000000706

To Whom It May Concern

After completing our 2003 Uniform Business Report we were notified on May 13, 2003 that due to a small correction (title) our report had not been filed. Our \$50⁰⁰ check had been posted. We resent our form on June 2, 2003 for a second time listing the title as "owner". This was still incorrect, however, according to you; the Dept of State, there was a letter from June 16, 2003 which we unfortunately did not receive. We received on October 16, 2003 the letter of Dissolution/Revocation, as per our conversation I have enclosed a copy of original + corrected application along w/ completed Reinstatement form.

Please, reinstate our LLC as this was an error or misunderstanding. We apologize for the inconvenience.