

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP -2 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # *L02000001939*

PAR AUTOMOTIVE LLC

3. Mailing Office Address

14725 N Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa Florida

City & State

Zip
33613

Country
HILLSBOROUGH

Zip

Country

8. **Name and Address of Current Registered Agent**

Name, Tim Engel

Street Address (P.O. Box Number is Not Acceptable)

14725 N. Florida Ave

Suite, Apt. #. Etc. _____

City Tampa

State
FL

Zip Code
33113

E-mail Address:

100211161491
08/17/11--01006--012 **238.75

PARAUTOMOTIVE TAMPA @GMAIL.COM
(To be used for future annual report notices)

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

Date _____

REGISTERED AGENT MUST SIGN

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
MGRM	TIM ENGEI	1425 N Florida	TAMPA, FL 33613
			100211161491 09/02/11--01031--026 **138.75
		REINSTATEMENT	10-11 DB

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

Date 8/15/11 Daytime Phone # 813 961-6469

Typed or printed name of signing Managing Member/Manager