

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000005264**

1. Limited Liability Company's Name

South Beach Scooters, LLC

2. Principal Office Address

4153 SW 137TH AV

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DAVIE, Florida

City & State

SAME

Zip

73330

Country

US

Zip

73330

Country

US

4. State/Country of Formation

NA

5. Date Organized or Qualified
To Do Business in Florida

3/5/2002

6. FEI Number

33-0996382

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LANE, JON

100024412841

11/04/03--01053--009 **15.00

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

4153 SW 137TH AVE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33330

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/27/03**

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
M	Jon Lane	4153 SW 137TH AV	DAVIE, FL 33330

REINSTATEMENT

03
dec

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.

Signature of
Managing Member/Manager

[Signature]

Date **10/27/03**

Daytime Phone # **305-796-1055**

Typed or printed name of signing Managing Member/Manager **Jon Lane**

CR2E041 (10/02)