

L02000009091

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 PM 3:23

1. DOCUMENT # L02000009091
Name and Mailing Address

0001337 01 AT 0.292 **AUTO T7 1 0615 32127-495045
S.A.S. SHOP, L.L.C.
3845 SOUTH NOVA ROAD
PORT ORANGE FL 32127-4950



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/16/2002	
Principal Place of Business 3845 SOUTH NOVA ROAD PORT ORANGE FL 32127	3. New Principal Place of Business Address 806 HEWITT DR. City, State, Zip PORT ORANGE, FL 32127	6. FEI Number 03-0428826	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32114	9. Name and Address of New Registered Agent Name PAUL D. THOMPSON Street Address (P.O. Box Number is Not Accepted) 3845 SA NOVA RD. PORT ORANGE FL 32127
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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 *Paul Thompson* **REGISTERED AGENT MUST SIGN** Date 10/20/03

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
MGR	THOMPSON, PAUL D	3845 SOUTH NOVA ROAD	PORT ORANGE FL 32127
400024043054 10/23/03--01024--004 **150.00			
REINSTATEMENT 2003 10/29/03			

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 *Paul Thompson* **REGISTERED AGENT MUST SIGN** Date 10/20/03 Daytime Phone # 386/761-7096

Typed or printed name of signing Managing Member/Manager

CR2E094 (7/03)