

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 MAY 11 A 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 002000009914

1. Limited Liability Company's Name

AMERICAN TWEEL Leasing LLC.

2. Principal Office Address

3700 34th st

Suite, Apt. #, etc.

135

City & State

Orlando FL.

Zip

32805

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

135

City & State

Orlando FL.

Zip

32805

Country

USA.

4. State/Country of Formation

ORANGE

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☒ 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

Mary Clarke

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

3700 34th Street

Suite, Apt. #, Etc.

Suite 135

City

Orlando

100036073701

05/11/04--01093--004 \*\*150.00

100036073701

05/11/04--01093--005 \*\*50.00

State

FL

Zip Code

32805

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

Mary Clarke

REGISTERED AGENT MUST SIGN

Date

4/22/04

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
mgr	C. RANDY CANE	3700 34th st	Orlando FL 32805

REINSTATEMENT

2003  
2004

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

Manager

Date

4/21/04

Daytime Phone #

800-986-0848

Typed or printed name of signing Managing Member/Manager