## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

**APPLICATION FOR** REINSTATEMENT



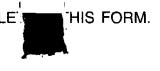
## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

1. DOCUMENT #

Name and Mailing Address

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0007189 01 AT 0,292 \*\*AUTO T7 0 0615 33169-451726 SPS HOLDINGS OF MIAMI, L.L.C. 18441 NW 2ND AVENUE MIAMI FL 33169-4517



2. New Mailing Address			State/Country of Formation     FL		
City, State, Zip			5. Date Organized or Qualified To Do Business in Florida 05/21/2002		
Principal Place of Business 18441 NW 2ND AVENUE	•	New Principal Place of Business Address		6. FEI Number Applied For O Y - 3676280 Not Applied	
101 MIAMI FL 33169	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED \$\infty\$ S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent		Name and Address of New Registered Agent			
ATWAL, PARAMJIT 18441 NW 2ND AVENUE 101 MIAMI FL 33169		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Syam E			
		City	FL Zip Code		
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 Page Page Page Page Page Page Page Page					
11. Names and Street Addresses of Each Managin	g Member/Manager				
Title(s) Name of Managing Members/Managers				City / State / Zip	
MGRM ATWAL, PARAMJIT	18441 NW 2NG	D AVENUE #101		MIAMI FL 33169	2:
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12. I certify that I am managing member/manager filing this reinstatement application the reason to all fees owed by the limited liability company ha as if made under oath.  Signature of Managing Member/Manage	or dissolution has been eliminated, the	limited liability con d on this applicatio	npany name satisfies on is true and accurat	the requirements of section 6	08.406, F.S., and that ethe same legal effect

Typed or printed name of signing Managing Member/Manager

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