

## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

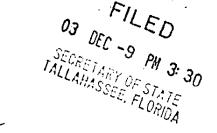
1. DOCUMENT #

Typed or printed name of signing Manager Manager

L02000013415

Name and Mailing Address

0001451 01 AT 0.292 ••AUTO T7 3 0615 32173-053535 Inlimitable In





New Mailing Address  City, State, Zip				4. State/Country of Formation FL  5. Date Organized or Qualified To Do Business in Florida  05/31/2002		
DATTONA BEACH PE 32114	City, State, Z	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED 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			
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32114			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City FL Zip Code			
<del></del>			<del></del>	<del></del>		<u> </u>
Signature of Registered Agent  11. Names and Street Addresses of Each Man	REGISTERED AG		:U		Date 12/8/03	
Name of Managi	Name of Managing		Street Address of Each		City / State / Zip	
MGR LAZECKI, PAUL		P.O. BOX 730535			ORMOND BEACH FL 32173	
				90 12/11,	00254304: 0301065008 *	18 *300.00
	Term	atener	112	<del>603</del> —		
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12. I certify that I am managing member/mana filing this reinstatement application the reast all fees owed by the limited liability companas if made under oath.	on for dissolution has pave been paid. Pro	been eliminated, the li information indicated	mited liability co on this applicati	mpany name satisfi ion is true and accu	ies the requirements of section 6	08.406, F.S., and that e the same legal effect

PAUL

AZECKI