
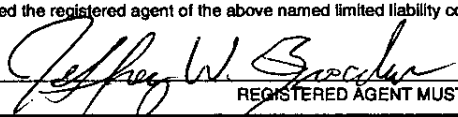
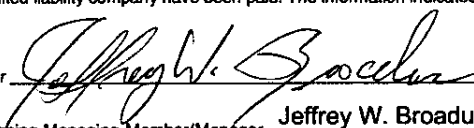


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|---|-----------------------------------|--|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # <u>202000093272</u> | | | |
| 1. Limited Liability Company's Name Car Collector Magazine, LLC | | | |
| 2. Principal Office Address 5095 S. Washington Ave Suite, Apt. #, etc. Suite # 207 City & State Titusville, Fl. Zip 32780 Country USA | | 3. Mailing Office Address 5095 S. Washington Ave Suite, Apt. #, etc. Suite # 207 City & State Titusville, Fl. Zip 32780 Country USA | |
| 4. State/Country of Formation Florida | | 5. Date Organized or Qualified To Do Business in Florida 09-09-02 | |
| 6. FEI Number 11-3651783 | | Applied For Not Applicable | |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | \$5.00 Additional Fee required for a Certificate of Status | |
| 8. Name and Address of Current Registered Agent | | | |
| Name Jeffrey W. Broadus | | | |
| Street Address (P.O. Box Number is Not Acceptable) 5095 S. Washington Ave | | | |
| Suite, Apt. #, Etc. Suite 207 | | | |
| City Titusville | | State FL | Zip Code 32780 |
| 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  | | Date 04-02-04 | |
| REGISTERED AGENT MUST SIGN | | | |
| 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 | Jeffrey W. Broadus | 5095 S. Washington Ave #207 | Titusville, Fl. 32780 |
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| REINSTATEMENT <u>2023-2024</u> | | | |
| 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  | | Date 04-02-04 | Daytime Phone # 321-267-8011, ext 102 |
| Typed or printed name of signing Managing Member/Manager Jeffrey W. Broadus | | | |

FILED
04 APR -6 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/02)