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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE

L02000025089

FILED

03 OCT 24 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000025089

Name and Mailing Address

0004956 01 AT 0.292 **AUTO TO 0 0615 33029-435204

SOUTHEAST REFINISHING LLC.
18104 SW 5TH COURT
PEMBROKE PINES FL 33029-4352

2. New Mailing Address	4. State/Country of Formation: FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 09/20/2002
Principal Place of Business: 2352 NORTH DIXIE HIGHWAY HOLLYWOOD FL 33020	3. New Principal Place of Business Address
City, State, Zip	6. FEI Number — Applied For / ✓ Not Applicable
	7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ALI, SYED M 18104 SW 5TH COURT PEMBROKE PINES FL 33029	Name Street Address (P.O. Box) 100024059947 10/24/03--01012--017 **150.00 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 SIGNATURE REQUIRED Date 10/20/2003

REGISTERED AGENT MUST SIGN

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
MGRM	JAFRY, SYED G	485 NE 20TH STREET	BOCA RATON FL 33431
MGRM	KAZMI, NAYYER R	485 NE 20TH STREET	BOCA RATON FL 33431
MGRM	ALI, SYED M	18104 SW 5TH COURT	PEMBROKE PINES FL 33028

REINSTATEMENT 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 SIGNATURE REQUIRED Date 10/20/2003 Daytime Phone # (954) 921-5930

Typed or printed name of signing Managing Member/Manager SYED M. ALI