

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

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

City, State, Zip

Principal Place of Business

2352 NORTH DIXIE HIGHWAY  
HOLLYWOOD FL 33020

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

09/20/2002

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

ALI, SYED M  
18104 SW 5TH COURT  
PEMBROKE PINES FL 33029

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box)

200024058947  
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**  
REGISTERED AGENT MUST SIGN

Date 10/20/2003

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 33029

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