

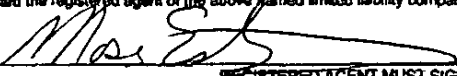
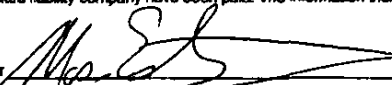
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 17 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2ED41 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000030182			
1. Limited Liability Company's Name Auto-Mo, LLC			
2. Principal Office Address - No P.O. Box # 104 Brewer Street		3. Mailing Office Address 104 Brewer Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL	
Zip 32701	Country USA	Zip 32701	Country USA
4. Name and Address of Current Registered Agent Name Moses Estremera Street Address (P.O. Box Number is Not Acceptable) 104 Brewer Street Suite, Apt. #, Etc.		State/Country of Formation FLORIDA/USA 5. Date Organized or Qualified To Do Business in Florida 11/02/2002 6. EEI Number 05-0521970 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status	
City Altamonte Springs		State FL	Zip Code 32701
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 04-12-2007 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	MOSES ESTREMER	104 Brewer Street	Altamonte Springs, FL 32701
			05/08/07--01008--012 **255.00
			REINSTATEMENT 05-07
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 608.408, 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 04-07-2007	Daytime Phone 407-332-6605
Typed or printed name of signing Managing Member/Manager			