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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LD02000030988

APPROVED FOR REINSTATEMENT

Florida Secretary of State

DIVISION OF CORPORATIONS

APPROVED AND FILED

03 OCT 22 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000030988

Name and Mailing Address

0014651 01. AT 0.292 **AUTO T3 2 0615 34120-498441

MOBILE DENT REPAIR, LLC

3241 10TH AVE. N.E.

NAPLES FL 34120-4984

500024281885
10/30/03--01017--013 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/19/2002	
Principal Place of Business 3241 10TH AVE. N.E. NAPLES FL 34120	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 06-1662157	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BEE, KEVIN B 3241 10TH AVE. N.E. NAPLES FL 34120	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number) City FL Zip Code
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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] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10/7/03

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
MGR	Kevin B. Bee	3241 10th Ave. N.E.	Naples, FL 34120

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] **SIGNATURE REQUIRED**

Date 10/7/03

Daytime Phone # 239.354.2881

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)