

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 10 PM 3:28

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L02000032207**

1. Limited Liability Company's Name

Panhandle Auto, LLC

2. Principal Office Address

12411 PCB Parkway

Suite, Apt. #, etc.

City & State

Panama City Beach, Florida

Zip

32407

Country

Bay

3. Mailing Office Address

12411 PCB Parkway

Suite, Apt. #, etc.

City & State

Panama City Beach, Florida

Zip

32407

Country

Bay

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12-03-02

6. FEI Number

16-1693136

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

Name

Samuel A. Fitzsimons, IV

Street Address (P.O. Box Number is Not Acceptable)

12411 Panama City Beach Parkway

Suite, Apt. #, Etc.

City

Panama City Beach,

State  
FL

Zip Code  
32407

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **March 9, 2004**

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip          |
|--------|--------------------------------------|---|-----------------------------|
| mgrm   | Samuel A. Fitzsimmons, IV            | 12411 Panama City Beach Parkway                   | Panama City Beach, FL 32407 |
|        |                                      |   |                             |
|        |                                      |   |                             |
|        |                                      |   |                             |
|        |                                      |   |                             |
|        |                                      |   |                             |
|        |                                      |   |                             |

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**REINSTATEMENT**

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

*[Signature]*

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager