

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 26 AM 9:30

**DOCUMENT # L02000032559**

**1. Limited Liability Company's Name**

RM CLASSIC CAR PRODUCTIONS (FLORIDA), LLC

**2. Principal Office Address**

4130 N.E. 6th Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33334

Country

USA

**3. Mailing Office Address**

4130 N.E. 6th Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33334

Country

USA

**4. State/Country of Formation**

Florida, USA

**5. Date Organized or Qualified  
To Do Business in Florida**

12/04/2002

**6. FEI Number**

26-285,423

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

Donnie Gould

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

4130 N.E. 6th Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33334

500057871015  
07/26/05--01004--002 \*\*5.00  
500057871015  
07/26/05--01004--001 \*\*25.00

**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

7-20-05

**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
MGRM	Donnie Gould Restorations, Inc.	4130 N.E. 6th Avenue	Ft. Lauderdale, FL 33334

REINSTATEMENT 03-05

**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

7-20-05

Daytime Phone#

(954) 566-2209

Typed or printed name of signing Managing Member/Manager

Donnie Gould, President/DONNIE GOULD RESTORATIONS, INC.

CR2E041 (10/02)