

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION OF CORPORATIONS

08 JUL 18 AM 10:20

**DOCUMENT #**

1. Limited Liability Company's Name

O & O Automotive LLC

L03 - 1765

100133399561  
07/24/08--01031--029 \*\*\*416.25  
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

2525 Phillips Hwy.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32207

Country

USA

3. Mailing Office Address

2525 Phillips Hwy.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32207

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

01/15/2003

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**

Name

Mark H. O'Steen

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

2525 Phillips Hwy.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Mark H. O'Steen*

Date

6-11-08

REGISTERED AGENT MUST SIGN

**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   | Mark H. O'Steen                      | 2525 Phillips Hwy.                                | Jacksonville, FL 32207 |
| MGR    | Thomas R. O'Steen                    | 2525 Phillips Hwy.                                | Jacksonville, FL 32207 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

REINS

7/18

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

*Mark H. O'Steen*

Date

6-11-08

Daytime Phone #

404-396-5486

Typed or printed name of signing Managing Member/Manager

MARK O'STEEN