

L03000009641

BEFORE COMPLETING THIS FORM.

10-1-04
2002.0

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR 19 AM 9:22

CR2E041 (1/07)

DOCUMENT # **L03000009641**

1. Limited Liability Company's Name
Inventors Classical Electric Vehicles LLC

2. Principal Office Address - No P.O. Box # 9901 SE. US Hwy 441 Suite, Apt. #, etc.		3. Mailing Office Address 9901 SE. Hwy 441 Suite, Apt. #, etc.	
City & State Belleview Florida		City & State Belleview, Florida	
Zip 34420	Country	Zip 34420	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 3-17-2003	
6. FEI Number 20-0617713	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **Thomas Wayne Long**

Street Address (P.O. Box Number is Not Acceptable)
2415 SE. 180th Street

Suite, Apt. #, Etc.

City **Summerfield** State **FL** Zip Code **34491**

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 **Thomas W. Long** Date **2-22-07**
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	Thomas W. Long	9901 SE. US Hwy 441	Belleview Florida 34420

REINSTATEMENT
2004-2007
Walt

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 **Thomas W. Long** Date **2-22-07** Daytime Phone # **352-638-3899**

Typed or printed name of signing Managing Member/Manager