

L03000009641

COMPLETING THIS FORM.

10-1-04
200.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000009641

1. Limited Liability Company's Name

Inventors Classical Electric Vehicles LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR 19 AM 9:22

CR2E041 (1/07)

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

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

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
REGISTERED AGENT MUST SIGN

Date 2-22-07

10. Names and Street Addresses of Managing Members/Managers

300094464093 03/22/07--01009--032 ***155.00 City / State / Zip			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	
MGR	Thomas W. Long	9901 SE. US Hwy 441	Belleview Florida 34420
			300094464093 03/22/07 01009 031 ***45.00

REINSTATEMENT

2004-2007

WLT

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