2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L03000018822 PREMIER MUSCLE CARS, LLC 05 JAN 20 AM 8: 40 Principal Place of Business Mailing Address REINSTATEMENT 04-05 22920 WHITE OAK LANE 22920 WHITE OAK LANE ESTERO, FL 33928 **ESTERO, FL 33928** 2. Principal Place of Business Mailing Addréss th 3927 5.6 3927 S.E Suite. Apt. #. etc. Suite, Apt. #, etc. 01112005 REIN-LLC CR2E101 (6/04) City & State 4. FEI Number Applied For City & State 55-0833285 Not Applicable OCAL DLAL Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 80 MARION 3+48
6. Name and Address of Current Registered Agent 34480 4480 MARIOS Fee Required 7. Name and Address of New Registered Agent AVID 10026 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. S.E. 4TH FLOOR MIAMI, FL 33145 Zip Code 3 4 4 7 7/ OCALA FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept DUNG SIGNATURE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MGR Channe TITLE TITLE ☐ Addition ☐ Delete PIESCHKE GLENN D. 3917 S.E. 38th Le PIESCHKE, GLENN D NAME NAME 38 th Loop STREET ADDRESS STREET ADDRESS 22920 WHITE OAK LANE CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP Change MGR ■ Addition TITLE Delete TITLE IESCHKE, PAM J. 927 S.E. 38th LOOP PIESCHKE, PAM J NAME 22920 WHITE OAK LANE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP ESTERO, FL 33928 CITY-ST-ZIP AL TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **500045103998** 01/20/05--01036--003 **100 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, ON OUTHORIZED REPRESENTATIVE Daytime Phone #

FILED