PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 26 AM 9:52

DOCUMENT # L03000019266

1. Limited Liability Company's Name
AFFORDABLE WOOLBRIGHT AUTOMOTIVE CENTER, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
1420 SW 30TH AVE	1420 SW 30TH AVE
Suite, Apt. #, etc.: #9	Suite, Apt. #, etc.: #9
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33426 Country: USA	Zip: 33426 Country: USA

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida: 05/12/06

6. FEI Number: 33-1059299 ☐ 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: ALLEN SERCHAY

Street Address (P.O. Box Number is Not Acceptable): 5300 NW 33 AVE

600075891996
06/06/06--01047--013 **250.00

Suite, Apt. #, Etc.: 117

City: FORT LAUDERDALE State: FL Zip Code: 33309

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 _____ Date: 05/12/06

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
MEMBER	BILL POLYCHRONOPOULOS	110 BUTTONWOOD LANE	BOYNTON BEACH, FL 33436
MEMBER	GEORGE POLYCHRONOPOULOS	110 BUTTONWOOD LANE	BOYNTON BEACH, FL 33436
MEMBER	MARIO HICKS	9873 LAWRENCE RD #F107	BOYNTON BEACH, FL 33436
		REINSTATEMENT 04-06	

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 _____ Date: 05/12/06 Daytime Phone #: 561 752-4680

Typed or printed name of signing Managing Member/Manager: GEORGE POLYCHRONOPOULOS