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**LIMITED LIABILITY REINSTATEMENT**

**PEL COLLISION CENTER, LLC**

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|-----------------------|----------|
| Certificate of Status | 1        |
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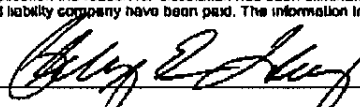
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                           | FILED STATES<br>DIVISION OF CORPORATIONS<br>06 DEC 27 AM 9:38                                                                                 |                          |
| <b>DOCUMENT #</b> L03000022140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |
| <b>1. Limited Liability Company's Name</b><br>PEL Collision Center, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |
| <b>2. Principal Office Address</b><br>19820 US Highway 19 North                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | <b>3. Mailing Office Address</b><br>19820 US Highway 19 North                                                                                                          |                           | <b>4. State/Country of Formation</b><br>FL                                                                                                    |                          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        | Suite, Apt. #, etc.                                                                                                                                                    |                           | <b>5. Date Organized or Qualified To Do Business in Florida</b><br>6/18/2003                                                                  |                          |
| <b>City &amp; State</b><br>Clearwater, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | <b>City &amp; State</b><br>Clearwater, FL                                                                                                                              |                           | <b>6. FEI Number</b> <input type="checkbox"/> <b>Applied For</b> <input checked="" type="checkbox"/> <b>Not Applicable</b>                    |                          |
| <b>Zip</b><br>33764                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Country</b><br>USA                  | <b>Zip</b><br>33764                                                                                                                                                    | <b>Country</b><br>USA     | <b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b> |                          |
| <b>8. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |
| <b>Name</b><br>Philip E. Lokey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>19820 US Highway 19 North                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |
| <b>Suite, Apt. #, Etc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |
| <b>City</b><br>Clearwater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                                                                                                                        |                           | <b>State</b><br>FL                                                                                                                            | <b>Zip Code</b><br>33764 |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |
| <b>Signature of Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                                                                     |                           | <b>Date</b> 12-27-06                                                                                                                          |                          |
| REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |
| <b>10. Names and Street Addresses of Managing Members/Managers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |
| <b>Title</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Name of Managing Member/Manager</b> | <b>Street Address of Each Managing Member/Manager</b>                                                                                                                  | <b>City / State / Zip</b> |                                                                                                                                               |                          |
| MGR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Philip E. Lokey                        | 19820 US Highway 19 North                                                                                                                                              | Clearwater, FL 33764      |                                                                                                                                               |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |
| <b>REINSTATEMENT 2004-06</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |
| <b>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.</b> |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |
| <b>Signature of Managing Member/Manager</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                                     |                           | <b>Date</b> 12-27-06 <b>Daytime Phone #</b> 727-374-2334                                                                                      |                          |
| <b>Typed or printed name of signing Managing Member/Manager</b> Philip E. Lokey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                        |                           |                                                                                                                                               |                          |

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