

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 26 AM 10:26

DOCUMENT # L03000028232

1. Entity Name  
VIN PLUS, LLC



Principal Place of Business  
200 BRID ROAD  
C/O LAWRENCE RUSTIN  
CORAL GABLES, FL 33146

Mailing Address  
200 BRID ROAD  
C/O LAWRENCE RUSTIN  
CORAL GABLES, FL 33146

2. Principal Place of Business

155 South Dixie Highway  
Suite, Apt. #, etc.

3. Mailing Address

155 South Dixie Highway  
Suite, Apt. #, etc.

City & State

Coral Gables FL

Zip

33133

Country

City & State

Coral Gables FL

Zip

33133

Country

10192006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
20-0122651

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVENUE, SUITE 2400  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2007, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME LAWRENCE, RUSTIN ☐ Delete  
STREET ADDRESS 200 BIRD ROAD  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 000081254560  
STREET ADDRESS 10/26/06--01040--005 \*\*\$5.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LAWRENCE H. RUSTIN  
LAWRENCE H. RUSTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Oct 20, 2006 (305) 444-1115

Date

Daytime Phone #