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
05 NOV 17 AM 9:40

DOCUMENT # L03000042253

1. Limited Liability Company's Name
With Pride Auto Transport

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
11 Spring Glen Dr	11 Spring Glen Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeBary	City & State: DeBary
Zip: 32713 Country: Volusia	Zip: 32713 Country: Volusia

4. State/Country of Formation: Fl/Orange

5. Date Organized or Qualified To Do Business in Florida: November 2003

6. FEI Number: 59-3677583 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee May Be Required

8. Name and Address of Current Registered Agent

Name: Corporation Service CO

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St

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Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

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: (ON FILE) Date:
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
	Judy Bauer, MGRM	11 Spring Glen Dr	DeBary, FL 32713
	Lee Sombelon, MGR	11 Spring Glen Dr	DeBary, FL 32713
	Jamie Guy, MGR	11 Spring Glen Dr	DeBary, FL 32713
		REINSTATEMENT 2005	

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: Judy Bauer Date: 11/08/05 Daytime Phone #: 407-234-1314

Typed or printed name of signing Managing Member/Manager: Judy Bauer