

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 NOV 16 AM 9:42

DOCUMENT # L03000045893

1. Limited Liability Company's Name

2 LUBE GROUP, LLC

2. Principal Office Address

13638 SUNSET LAKES CN.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN

City & State

Zip

FL

Country

USA

Zip

34787

Country

4. State/Country of Formation

FLORIDA / ORANGE

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

05-0606758

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

KEVIN E. ZIBOLSKY

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

13638 SUNSET LAKES CN.

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

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

Kevin E. Zibolsky

REGISTERED AGENT MUST SIGN

Date 11/15/06

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
MAN	KEVIN ZIBOLSKY	13638 SUNSET LAKES CN WINTER GARDEN FL 34787	WINTER GARDEN, FL 34787
MAN	KRISTIN ZIBOLSKY	39033 70th AVE DENNETSON MN,	DENNETSON, MN 55018
			600082107616 11/28/06--01057--011 **205.00
			REINSTATEMENT 05-06

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

Kevin E. Zibolsky

Date

11/15/06

Daytime Phone #

407 361-0206

Typed or printed name of signing Managing Member/Manager