

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000053351 2005

1. Limited Liability Company's Name

Car Shine For Both, LLC

2. Principal Office Address - No P.O. Box #

4719 Bison

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

33428

Country

3. Mailing Office Address

4719 Bison

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

33428

Country

8. Name and Address of Current Registered Agent

Name

Leite Roseli

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

4719 Bison

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

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

Roseli Leite

REGISTERED AGENT MUST SIGN

Date **03/28/2007**

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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
MGR	LEITE ROSELI	4719 BISON	Boca Raton FL 33428
			800096484888 04/11/07--01027--015 **150.00

REINSTATEMENT

05-07

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

Roseli Leite

Date **03/28/2007**

Daytime Phone # **561-282-8017**

Typed or printed name of signing Managing Member/Manager

FILED

2007 APR -5 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)