

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 SEP 28 AM 9:45

DOCUMENT # L03000055461

1. Limited Liability Company's Name

Key Auto Liquidation Center Partners, L.L.C.

2. Principal Office Address

5970 Pensacola Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

5970 Pensacola Blvd.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32505

Country

USA

Zip

32505

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12/23/2003

6. FEI Number

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

Anthony J. Ciano

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

5970 Pensacola Boulevard

400059073874

08/30/05--01003--001 **15.00

Suite, Apt. #, Etc.

400059073874

09/28/05--01005--001 **50.00

City

Pensacola

State

FL

Zip Code

32505

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

Anthony J. Ciano
REGISTERED AGENT MUST SIGN

Date

3/19/05

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 |
|--------|---|--|----------------------------|
| MGRM | Anthony J. Ciano | 5970 Pensacola Blvd. | Pensacola, FL 32505 |
| MGRM | Donald A. Foss, Trustee of the Donald A. Foss Revocable Trust | 25505 West Twelve Mile Suite 3000 | Southfield, Michigan 48034 |
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REINSTATEMENT 04-05

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

Anthony J. Ciano
Anthony J. Ciano

Date

3/19/05

Daytime Phone

850-505-0567

Typed or printed name of signing Managing Member/Manager

Anthony J. Ciano

CR2E041 (10/02)