

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.

City & State

Pensacola, Florida

Zip

32505

Country

USA

**3. Mailing Office Address**

5970 Pensacola Blvd.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

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

Suite, Apt. #, Etc.

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*

Date

3/19/05

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
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

**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*

Date

3/19/05

Daytime Phone

850-5050567

Typed or printed name of signing Managing Member/Manager

Anthony J. Ciano

CR2E041 (10/02)