

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000005761

1. Limited Liability Company's Name

MATRIX AUTOMOTIVE.COM, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
1212 HILLSBOROUGH AVENUE

3. Mailing Office Address
2120 16TH AVENUE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 300

City & State
TAMPA, FL

City & State
BIRMINGHAM, AL

Zip
33604

Country
USA

Zip
35205

Country
USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida **JANUARY 21, 2004**

6. FEI Number
20-8927064

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
SAMUEL W. KELLEY

Street Address (P.O. Box Number is Not Acceptable)
1212 WHITING STREET EAST

Suite, Apt. #, Etc.
#501

City
TAMPA

State Zip Code
FL 33602

☒ 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.

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 *Samuel W. Kelley*
REGISTERED AGENT MUST SIGN

Date *4/26/07*

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	SNS HOLDINGS, INC.	217 HUGHES AVENUE	ATTALLA, AL 35954
			500101975035 05/09/07--01006--019 **150.00

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 *Samuel W. Kelley* Date APRIL 26, 2007 Daytime Phone # (205) 939-0227

Typed or printed name of signing Managing Member/Manager **SAMUEL W. KELLEY**