

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 31 PM 12:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 104000014748

1. Limited Liability Company's Name

Global Auto + RV Sales LLC

CR2E041 (1/07)

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

1395 A Cypress Ave

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32935

Country

US

3. Mailing Office Address

508 Bay Rd

Suite, Apt. #, etc.

City & State

Webster NY

Zip

14580

Country

US

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

2/24/04

6. FEI Number

161693405

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

PAULA CATALANO

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

1395 A Cypress Ave

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

☒ 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**

Paula Catalano

Date 10/31/07

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
MEM	Paula Catalano	508 Bay Rd	Webster NY 14580
			10/30/07 01057 002-150 ⁰⁰
REINSTATEMENT Without Penalty			
2005 - 2007 up			

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**

Paula Catalano

Date 10/29/07

Daytime Phone #

585 330 0949

Typed or printed name of signing Managing Member/Manager

Paula Catalano