

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 APR 10 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700149467127  
04/13/09--01001--002 \*\*277.50

CR2E041 (10/08)

DOCUMENT #

L04000035598

1. Limited Liability Company's Name

Duhaneey Motors, LLC

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

8300 NW 7th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33150

Country

3. Mailing Office Address

8300 NW 7th Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33150

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

2004

6. FEI Number

20-1164726

☐ 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

Delancy Hill, P.A.

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

200 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 2750

City

Miami

State

FL

Zip Code

33131

☐ 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

Delancy Hill

REGISTERED AGENT MUST SIGN

Date

4/9/09

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	Trevor Duhaneey	8300 NW 7th Ave.	Miami, FL 33150

REINSTATEMENT 07-09 GA

04/01/09-01036-001-#238.75

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

[Signature]

Date

Daytime Phone

(305) 751-9621

Typed or printed name of signing Managing Member/Manager