

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

2007 MAR -5 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000057658

1. Limited Liability Company's Name

**FLORIDA AUTO FINDERS LLC**

2. Principal Office Address - No P.O. Box # <b>433 RICHARD Rd</b>		3. Mailing Office Address <b>4265 ORANGE DR</b>	
Suite, Apt. #, etc. <b>UNIT # 1</b>		Suite, Apt. #, etc.	
City & State <b>Rockledge FL</b>		City & State <b>MELBOURNE, FL</b>	
Zip <b>32955</b>	Country <b>BREVARD</b>	Zip <b>32904</b>	Country <b>BREVARD</b>

4. State/Country of Formation <b>FLORIDA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>Aug 2004</b>	
6. FEI Number <b>201471889</b>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
**Steve W BOYD**

Street Address (P.O. Box Number is Not Acceptable)  
**4265 ORANGE DR**

Suite, Apt. #, Etc.

City  
**MELBOURNE**

State  
**FL**

Zip Code  
**32904**

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 Steve W Boyd Date 2/27/2007

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
1/3 Pres	Steve BOYD	4265 Orange Dr	Melbourne FL 32904
1/3 As	John KALIMUS	3430 GALT OCEAN DR	FT LAUDERDALE FL 33308
1/3 Pres	Roger CARROLL	847 HAMILTON AV	ROCKLEDGE, FL 32955

**REINSTATEMENT 05-07**  
600091558096  
03/07/07--01035--010 \*\*155.00

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 Steve W Boyd Date 2/27/2007 Daytime Phone # 321 723 1341

Typed or printed name of signing Managing Member/Manager STEVE W BOYD