2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 AM 11:03

DOCUMENT # L04000060484

1. Entity Name
PROCARE AUTO CENTER, LLC

Principal Place of Business	Mailing Address
301 N. ATLANTIC AVE., UNIT 504 COCOA BEACH, FL 32931	301 N. ATLANTIC AVE., UNIT 504 COCOA BEACH, FL 32931

02142006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
170 St. Croix Avenue Suite, Apt. #, etc.	170 St. Croix Avenue Suite, Apt. #, etc.
City & State: Cocoa Beach, FL 32931	City & State: Cocoa Beach, FL 32931
Zip / Country	Zip / Country

4. FEI Number: 20-1888578 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARSKI, KATHERINE A ESQ. C/O JOSEPH C. KEMPE, P.A. 941 NORTH HIGHWAY A1A JUPITER, FL 33477	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 2-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CLYDE KELLER FAMILY LIMITED PARTNERSHIP 301 N. ATLANTIC AVE., UNIT 504 COCOA BEACH, FL 32931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CLYDE KELLER FAMILY LIMITED PARTNERSHIP 170 St. Croix Avenue Cocoa Beach, FL 32931	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500067314055 03/07/06--01029--012 **105.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 05-06	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Clyde S Keller 2-14-06 (321) 799-4149
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Clyde Keller Family Limited Partnership
By: Clyde E. Keller, President of Keller Associates, Inc., Managing Member