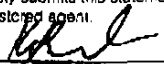
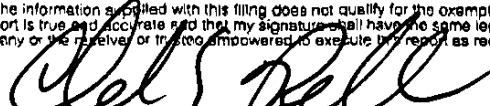


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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 301 N. ATLANTIC AVE., UNIT 504 COCOA BEACH, FL 32931		Mailing Address 301 N. ATLANTIC AVE., UNIT 504 COCOA BEACH, FL 32931	
2. Principal Place of Business 170 St. Croix Avenue Suite, Apt. #, etc.		3. Mailing Address 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 BARSKI, KATHERINE A ESQ. C/O JOSEPH C. KEMPE, P.A. 941 NORTH HIGHWAY A1A JUPITER, FL 33477		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for this 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  DATE 2-14-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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.	
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 ☒ 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
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
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 authorized representative of the limited liability company.			
SIGNATURE: 		Date 2-14-06 (321) 799-4149	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING 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