

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 MAR 19 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000067472

1. Limited Liability Company's Name

Lucky Seven Auto Sales, LLC.

CR2E041 (1/07)

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

7700A East Colonial Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32807

Country

Orange

3. Mailing Office Address

7700A East Colonial Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL.

Zip

32807

Country

Orange

4. State/Country of Formation
Florida, Orange

5. Date Organized or Qualified
To Do Business in Florida **09/14/2004**

6. FEI Number
20-1638200

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

Felix Vergara

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

1062 Palos Verde Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32817

☒ 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

Date **03/14/2007**

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
Mgr	Felix Vergara	1062 Palos Verde Drive	Orlando, FL 32817
Mgr	Manuel R. Espinosa	4060 Evander Drive	Orlando, FL 32812

03/29/07--01052--019 **150.00

REINSTATEMENT 05-07

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

Date **03/14/2007**

Daytime Phone # **407-382-4115**

Typed or printed name of signing Managing Member/Manager **Felix Vergara**