PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
06 DEC 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000072845

1. Limited Liability Company's Name
ROADWAYS AUTOGROUP, LLC

05

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
1501 S. Flagler Dr.	1501 S. Flagler Dr.
Suite Apt # etc: Apt. 4G	Suite Apt # etc.: Apt. 4G
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida: 10/07/2004

6. FEI Number: 68-0595003 ☐ 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: DAVID B. NORRIS

Street Address (P.O. Box Number is Not Acceptable): 712 U.S. HIGHWAY ONE,

Suite, Apt. #, Etc: STE 400

City: NORTH PALM BEACH, State: FL Zip Code: 33408

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 12/29/06
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
MGRM	GREEN, ANN D.	1501 S. FLAGLER DR.,APT. 4G	WEST PALM BEACH,FL 33401

REINSTATEMENT 2005-2006

400082804064

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 Ann D Green manager Date 12/29/06 Daytime Phone # 5618339976

Typed or printed name of signing Managing Member/Manager ANN D. GREEN, Managing Member

CORPORATION SERVICE COMPANY

L04000072845

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 692286 10463A

AUTHORIZATION :

COST LIMIT : $ 200.00

ORDER DATE : December 29, 2006

ORDER TIME : 2:34 PM

ORDER NO. : 692286-005

CUSTOMER NO: 10463A

DOMESTIC FILINGS

NAME: ROADWAYS AUTOGROUP, LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 DEC 29 PM 4:14
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS _____