PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Sec	EPARTMEN cretary of Stony of corpor			98 DEC -9 AM 8:	
DOCUMENT # LO40000 92568 1. Limited Liability Company's Name Pegasus CAR CARE CENTER, LLC				SCORLAND STATE TACLAHASSEE FLORIDA 900137265929 10/24/0801046003 **275.00		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Addre				CR2E041 (10/08)		
		Box 11059		4. State/Country of Formation		
Suite, Apt. #, etc. Suite, Apt. #,		etc.		7L, U.5.A 5. Date Organized or Qualified		
City & State City & State					ness in Florida /- /- 4	75
ح∸- ا - تبیہ مقاممین ا		Les, 7L		6. FEI Number — Applied For — 51 - 053 //82 Not Applicable		
Zip Country	34101	· . '		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent						
Name JOYCE A. THRALL Rodney E. Thrall	56D			0 reinstatement fee is imposed, except cumstances which the entity did not		
Street Address (P.O. Box Number is Not Acceptable) 590 SPRINGLINE DR.				receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100		
Suite, Apt. #, Etc.						
City NAPLES	<u></u>	State FL			ement 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 REGISTERED AGENT MUST SIGN Date 10.21-08						
10. Names and Street Addresses of Managing Members/Managers						
Titles Name of . Managing Members/Manage	ers	Street Address of Each Managing Member/Manager		City / State / Zip		
VP JOYCE A. THRALLS		590 SPRINGUNE DR.		NADLES, 7L	34102	
						·
	L. SEI	LLERS 12		12703	01384042 08-01016001	**2.50
	DEC 1	0 2008				
			R	EINSTA	TEMENT 200	7-08
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 Drugge Q. Drugge Member/Manager Dayce: A. Thrages Typed or printed name of signing Managing Member/Manager Toyce: A. Thrages						
Typed or printed name of signing Managing Member/Manager						