

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 10 AM 10:06

03/31/08--01001--023 **138.75
700119857137
03/31/08--01001--023 **138.75
CR2E041 (12/07)

DOCUMENT # L05000000446

1. Limited Liability Company's Name

PARKWAY AUTO SALES, LLC

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

625 Maple Ave

Suite, Apt. #, etc.

3. Mailing Office Address

625 Maple Ave

Suite, Apt. #, etc.

City & State

Sebring, Florida

City & State

Sebring, Florida

Zip

33870

Country

US

Zip

33870

Country

US

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified To Do Business in Florida

12-27-2004

6. FEI Number

20-2097860

Applied For

Not Applica

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee reqd for a Certificate of Stat

8. Name and Address of Current Registered Agent

Name

William R Celentano

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

625 Maple Ave

Suite, Apt. #, Etc.

City

Sebring

State

FL

Zip Code

33870

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

REGISTERED AGENT MUST SIGN

Date

3-25-08

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 | WILLIAM R CELENTANO | 625 MAPLE AVE | SEBRING, FL 33870 |
| MGRM | LISA CELENTANO | 625 MAPLE AVE | SEBRING, FL 33870 |
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REINSTATEMENT

05-08

FF \$655.00

700119857137
03/11/08--01004--011 **516.25

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

3-25-08

Daytime Phone # 863-402-0799

Typed or printed name of signing Managing Member/Manager

WILLIAM R CELENTANO