
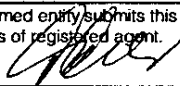
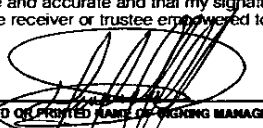


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000003102 1. Entity Name THE EUROPEAN & AMERICAN CAR SERVICE L.L.C.					
Principal Place of Business 1031 SW 8 STREET MIAMI, FL 33130			Mailing Address 1031 SW 8 STREET MIAMI, FL 33130		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive;">BK</div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, FRANCISCO 1031 SW 8 STREET MIAMI, FL 33130				7. Name and Address of New Registered Agent Name: JACOB VITTA Street Address (P.O. Box Number is Not Acceptable) 8035 SW 15 ST City: MIAMI FL Zip Code: 33144	
8. The above named entity submits this statement for the 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: 					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, FRANCISCO J 1031 SW 8 STREET MIAMI, FL 33130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADELAYNE HERNANDEZ 1031 SW 8 ST. MIAMI, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADELAYNE HERNANDEZ 1031 SW 8 ST. MIAMI, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADELAYNE HERNANDEZ 1031 SW 8 ST. MIAMI, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADELAYNE HERNANDEZ 1031 SW 8 ST. MIAMI, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<div style="text-align: center;"> REINSTATEMENT 2006 </div>					
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				11-1-06 (305) 854-6025	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10242006 REIN-LLC CR2E101 (11/05)