

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP -1 AM 10:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000004502

1. Limited Liability Company's Name

GERMAIN MOTOR SPORTS, LLC

CR2E041 (10/08)

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

13315 N TAMIAMI TRL

Suite, Apt. #, etc.

3. Mailing Office Address

13315 N TAMIAMI TRL

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1/14/2005

6. FEI Number

20-4415361

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

WILLIAM ROGERS

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

10661 AIRPORT PULLING ROAD

Suite, Apt. #, Etc.

SUITE 16

City

NAPLES

State

FL

Zip Code

34109

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

William Rogers

REGISTERED AGENT MUST SIGN

Date **8/14/2009**

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	STEPHEN L. GERMAIN	4250 MORSE CROSSING	COLUMBUS, OH 43219
MGRM	ROBERT L. GERMAIN JR	13315 N TAMIAMI TRL	NAPLES, FL 34110

600160030186
08/27/09--01045--005 \$4660.00

REINSTATEMENT 06-09

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

Robert L. Germain, Jr.

Date **8/14/2009**

Daytime Phone # **239-592-5550**

Typed or printed name of signing Managing Member/Manager **Robert L. Germain, Jr.**

N. O'Brien SEP - 2 2009