





2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000008750 1. Entity Name RAFAEL'S AUTOWORKS, LLC					
Principal Place of Business 508 CONCORD ROAD TALLAHASSEE, FL 32304			Mailing Address 508 CONCORD ROAD TALLAHASSEE, FL 32304		
2. Principal Place of Business - No P.O. Box # 2624 F W. TENNESSEE ST		3. Mailing Address 4244 W. TENNESSEE ST.		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">07 APR 20 PM 1:39</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 0.8em; margin-top: 10px;">04192007 REIN-LLC CR2E101 (1/07)</div>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. # 387			
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL			
Zip 32303		Zip 32304		4. FEI Number 65-1240590	
Country LEON		Country LEON		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ADELSON, M.B. IV, ESQ. C/O LAW OFFICES OF M.B. EDELSON IV, P.A. 8387 EAST LAKESHORE DRIVE TALLAHASSEE, FL 32301-2456				7. Name and Address of New Registered Agent Name RAFAEL GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 4244 W. TENNESSEE ST # 387 City TALLAHASSEE FL Zip Code 32304	
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  (NOTE: Registered Agent signature required when reinstating) DATE 4-20-07					
FILE NOW!!! FEE IS \$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	MGRM GONZALEZ, RAFAEL 508 CONCORD ROAD TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	800101275348 05/09/07--01006--023 **105.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.				<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 1.5em; margin-bottom: 10px;">2006-07</div>	
SIGNATURE: 				4-20-07 850-212-3689	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	