

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 14 PM 4:00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LOS 0000 31883

1. Limited Liability Company's Name

Arrive Alive Driving School, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 813 Pinewood Drive		3. Mailing Office Address PO Box 604	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Live Oak, FL		City & State Live Oak, FL	
Zip 32064	Country USA	Zip 32064	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 04/2005	
6. FEI Number 20-0814378	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Richard B Cathcart Jr			
Street Address (P.O. Box Number is Not Acceptable) 813 Pinewood Drive SW			
Suite, Apt. #, Etc.			
City Live Oak,	State FL	Zip Code 32064	

☒ 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 *Richard B Cathcart Jr*
REGISTERED AGENT MUST SIGN

Date *3/5/08*

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
MGR	DeeDee Cathcart	12948 County Rd 136	Live Oak, FL 32060
MGRM	Richard B Cathcart Jr	813 Pinewood Drive SW	Live Oak, FL 32064

REINSTATEMENT
WOP *07-08* *W*
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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 *Richard B Cathcart Jr* Date *3/5/08* Daytime Phone # *386 364 8303*

Typed or printed name of signing Managing Member/Manager *Richard B Cathcart Jr*