## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

my

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

## FILEO SECRETARY OF STATE **DOCUMENT #L05000033475** DIVISION OF CORPORATIONS 1. Entity Name START CAR COMPANY, LLC 07 OCT -5 AM 9: 27 Principal Place of Business Mailing Address 2445 NORTH COURTENAY PKWY 2445 NORTH COURTENAY PKWY MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09272007 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For 83-0428502 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUNDIN, GLENN T Street Address (P.O. Box Number is Not Acceptable) 335 SOUTH PLUMOSA ST, STE A MERRITT ISLAND, FL 32952 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. FILE NOW!!! FEE IS \$50.00 Make check payable to Florida Department of State After January 1, 2008, Fee will be \$100.00 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGRM TITLE ☐ Delete ☐ Change ☐ Addition SONNENBERG, BRUCE D NAME NAME STREET ADDRESS 2255 MARSH HARBOR AVE STREET ADDRESS 000110181810 CITY-ST-ZIP MERRITT ISLAND, FL 32952 CITY-ST-ZIP 0/02/07--<u>01038--</u>008 \*\*\*[] MGRM TITLE Delete TITLE ☐ Change Addition VICTOR KLOKOC NAME NAME 2445 N. COURTNAY PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP MGRM TAILE Delete TITLE ☐ Change ☐ Addition SON COAST HOSPITALITY, INC. NAME NAME STREET ADDRESS 2255 MARSH HARBOR AVE STREET ADDRESS CHY-ST-7IP MERRITT ISLAND, FL 32952 CITY - ST - ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME WILSON, DEAN L NAME STREET ADDRESS 8771 BIRCH BARK DR. STREET ADDRESS CITY-ST-ZIP SYLVANIA, OH 43560 CITY-ST-ZIP Delete TITLE TITLE Change Addition MGRM NAME NAME Bergen Family Trust STREET ADDRESS STREET ADDRESS 191 Cove Loop Drive CITY-ST-ZIP CITY-ST-2IP Merritt Island, FL THLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S3-ZIP CITY - ST - ZIP 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.