

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 26 AM 11:39

DOCUMENT # L05000058023

1. Limited Liability Company's Name

Mark Taylor Auto's LLC

CR2E041 (12/07)

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

1111 E Moreno Street

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32503

Country

USA

3. Mailing Office Address

PO Box 2638

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32513

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/10/2005

6. FEI Number
20-2973934

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

P. Mark Taylor

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

1111 E Moreno Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

☒ 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

P. Mark Taylor

Date 2/8/08

REGISTERED AGENT MUST SIGN

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	P. Mark Taylor	1111 E Moreno Street	Pensacola, FL 32503
			600118848756 02/25/08--01027--025 **421.25

REINSTATEMENT

W/O

06-08

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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

P. Mark Taylor

Date 2/9/09

Daytime Phone#

(850) 554-5440

Typed or printed name of signing Managing Member/Manager

P. Mark Taylor

(850) 472-0523