

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 MAR -5 PM 4:37

DOCUMENT # LO5000082456

1. Limited Liability Company's Name

We Show Up Auto Detailing, LLC.  
1670 SE 23 St.  
Homestead FL 33035

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

1670 SE 23 St.  
Suite, Apt. #, etc.

3. Mailing Office Address

1670 SE 23 St.  
Suite, Apt. #, etc.

City & State

Homestead  
Zip FL 33035 Country USA

City & State

Homestead FL  
Zip 33035 Country USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

8/22/05

6. FEI Number

20-3339877

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

LISA MARKS

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

102411 Overseas Highway

Suite, Apt. #, Etc.

City

Key Largo

State

FL

Zip Code

33037

☒ 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

Lisa Marks  
REGISTERED AGENT MUST SIGN

Date 1-2-08

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
MEM	CHRISTOPHER MARKS	<u>1670 SE 23 St</u>	<u>Homestead FL 33035</u>
MEM	LISA MARKS	<u>1670 SE 23 St</u>	<u>Homestead FL 33035</u>

REINSTATEMENT

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

Lisa Marks

Date 1-2-08

Daytime Phone # 3054539144

Typed or printed name of signing Managing Member/Manager

LISA MARKS