

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAY 27 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000105619

1. Limited Liability Company's Name

Care Wash Auto Club, LLC

CR2E041 (10/08)

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

4352 Avalon Blvd

Suite, Apt. #, etc.

City & State

Milton, Florida

Zip

32583

Country

US

3. Mailing Office Address

4352 Avalon Blvd

Suite, Apt. #, etc.

City & State

Milton, Florida

Zip

32583

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 10/28/05

6. FEI Number

68-0620041

☐ Applied For

☐ Not Applied

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee req
for a Certificate of Stat

8. Name and Address of Current Registered Agent

Name

Charles Stallworth

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

4352 Avalon Blvd

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32583

☐ 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

REGISTERED AGENT MUST SIGN

Date

5/14/09

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
MGRM	Charles Stallworth	4352 Avalon Blvd	Milton, FL 32583

600156334686
05/25/09--01001--025 **377.50

REINSTATEMENT-07-08-09 600156334686
05/25/09--01001--026 **138.75

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 the 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

Date

5/14/09

Daytime Phone #

850-712-7874

Typed or printed name of signing Managing Member/Manager