
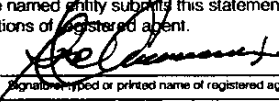
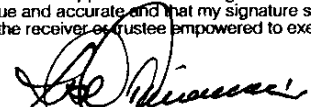


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000123563 1. Entity Name FINISH LINE AUTO RENTAL LLC						FILED 07 OCT 18 PM 4:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 206 PIMLICO LN KEY LARGO, FL 33037 US				Mailing Address 4790 NW 7 ST 209 MIAMI, FL 33126 US					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent CALAMITA, BEATRIZ 7870 W FLAGLER ST MIAMI, FL 33144				7. Name and Address of New Registered Agent Name JOSE A. LINARES Street Address (P.O. Box Number is Not Acceptable) 4790 N.W. 7 ST # 209 City MIAMI FL Zip Code 33126					
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  (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES					
TITLE MGR <input type="checkbox"/> Delete NAME LINARES, JOSE A STREET ADDRESS 4790 NW 7 ST # 209 CITY-ST-ZIP MIAMI, FL 33126				TITLE JEOVANY S MAYA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME 4790 N.W. 7ST #209 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE JEOVANY S CESAR RAMIREZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME 4790 N.W. 7ST # 209 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
<div style="display: flex; justify-content: space-between;"> <div> REINSTATEMENT 2007 200111361556 10/25/07--01049--006 ***50.00 </div> <div> 10-17-07 </div> </div>									
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.									
SIGNATURE:  10-17-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>									