

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000031447

1. Limited Liability Company's Name

Auto Rescue of Miami, LLC DB

CR2E041 (11/09)

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

247 SW 8 St

Suite, Apt. #, etc.

43

City & State

Miami FL

Zip

33130

Country

USA

3. Mailing Office Address

P.O. Box 2237

Suite, Apt. #, etc.

City & State

Mansfield, TX

Zip

76063

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified To Do Business in Florida

3/27/06

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$6.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jonathan Coffey

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

247 SW 8 St.

Suite, Apt. #, Etc.

43

City

miami

State

FL

Zip Code

33130

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/28/09

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
<u>Mgr</u>	<u>Jonathan Coffey</u>	<u>247 SW 8 St. #43</u>	<u>Miami, FL 33130</u>

REINSTATEMENT 2008 - 2009

without Penalty

100163631691
12/15/09--01041--012 **277.50

NYC @ 11/17/09

11. E-mail Address: autorescue.fl@yahoo.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date

11/28/09

Daytime Phone #

817 819 6819

Typed or printed name of signing Managing Member/Manager