

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


08 OCT -9 AM 8:07

STATE
TALLAHASSEE FLORIDA

900136747359
10/08/08--01030--018 **277.50

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000038138

1. Limited Liability Company's Name
Village 24-7 Kart Aide, LLC

2. Principal Office Address - No P.O. Box # 2103 Broyhill Ave Suite, Apt. #, etc.		3. Mailing Office Address PO Box 578 Suite, Apt. #, etc.	
City & State Lady Lake		City & State Oxford	
Zip 32162	Country USA	Zip 34484	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 04-12-06

6. FEI Number 20-4900746
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
Joseph Baltzell

Street Address (P.O. Box Number is Not Acceptable)
2103 Broyhill Ave

Suite, Apt. #, Etc.

City
Lady Lake

State
FL

Zip Code
32162

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 _____ Date 09/30/08

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	Joseph Baltzell	2103 Broyhill Ave	The Villages, FL 32162
Mgr	Paul Villareal	234 Upper Ferry Road	West Trenton NJ 08628
REINSTATEMENT			L. SELLERS
07-08			OCT 14 2008
EXAMINER			

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 Joseph Baltzell Date 09/30/08 Daytime Phone# 352-430-2170

Typed or printed name of signing Managing Member/Manager Joseph Baltzell