

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2010 JAN 11 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600165420386

01/08/10--01041--004 **377.50
CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06000073827

1. Limited Liability Company's Name

The Auto Clearing House, LLC

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

6993 Stirling Road

Suite, Apt. #, etc.

3. Mailing Office Address

6993 Stirling Road

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33314

Country

USA

City & State

Davie, FL

Zip

33314

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

7/26/2006

6. FEI Number

20-5265201

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

Todd Hamilton

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

6993 Stirling Road

Suite, Apt. #, Etc.

City

Davie

State

FL

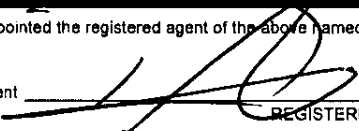
Zip Code

33314

☒ 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 12/10/2009

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
MEMAN	Todd Hamilton	6993 Stirling Road	Davie, FL 33314

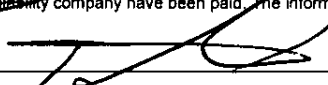
REINSTATEMENT-08-09

11. E-mail Address: Todd.LB55@aol.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



Date 12/10/2009

Daytime Phone #

954-868-7294

Typed or printed name of signing Managing Member/Manager

C.L.