

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -3 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # 206000082741

1. Limited Liability Company's Name

Auto Protection Plus, LLC

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

4135 Cedar Creek Circle

Suite, Apt. #, etc.

#202

City & State

Merritt Island FL

Zip

32953

Country

USA

3. Mailing Office Address

2855 Abalone Blvd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32833

Country

US

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

8/21/2006

6. FEI Number

26-3128643

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

Dick Muller

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

1127 South Patrick Drive

Suite, Apt. #, Etc.

Unit #3

City

Satellite Beach

State

FL

Zip Code

32937

☒ 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 1-20-09

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
MGR	Sherry Buxton	2855 Abalone Blvd #202	Orlando, FL 32833 32953
MGR	William Moulton	4135 Cedar Creek Cir	Merritt Island, FL
MGR	Don Buxton	2855 Abalone Blvd	Orlando, FL 32833

REINSTATEMENT

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02/03/09--01011--027 **471.25

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

Sherry Buxton

Date 1-20-09

Daytime Phone # 407-568-4403

Typed or printed name of signing Managing Member/Manager

Sherry Buxton