

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 27 PM 12:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000088881

1. Limited Liability Company's Name

JAPO AUTO PARTS. LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 4711 SW 45TH STREET		3. Mailing Office Address 4711 SW 45TH STREET	
Suite, Apt. #, etc. ORANGE DRIVE		Suite, Apt. #, etc. ORANGE DRIVE	
City & State DAVIE FLORIDA		City & State DAVIE FLORIDA	
Zip 33314	Country BROWARD	Zip 33314	Country BROWARD

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida SEPT 06 2006	
6. FEI Number 56-2610277	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Clevert Moxam			
Street Address (P.O. Box Number is Not Acceptable) 4711 SW 45th St.			
Suite, Apt. #, Etc. Orange Drive			
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 11/20/07

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
MGRN	CLEVERT MOXAM	4711 SW 45TH STREET	DAVIE. FL .33314
MGRN	MARNE THOMAS	4711 SW 45TH STREET	DAVIE .FL .33314

REINSTATEMENT

100112618141

11/27/07--01051--002 **150.00

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

Date 11/20/07

Daytime Phone# 954-907-7981

Typed or printed name of signing Managing Member/Manager **CLEVERT MOXAM**