

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY-
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000091665

1. Limited Liability Company's Name

Tony's Auto Repair, LLC

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

805 South Dr

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32547

Country

USA

3. Mailing Office Address

805 South Dr

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32547

Country

USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida **09/18/2006**

6. FEI Number
83-0463835

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
Anthony J Pikul

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

Suite, Apt. #, Etc.

City
Fort Walton Beach

State
FL

Zip Code
32547

☒ 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

Anthony J Pikul

REGISTERED AGENT MUST SIGN

Date **11/11/2008**

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	Anthony J Pikul	805 South Dr	Fort Walton Bch, FL 32547

REINSTATEMENT

1108 000052701

REINSTATEMENT

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

Anthony J Pikul

Date **11/11/08**

Daytime Phone # **850-226-4763**

Typed or printed name of signing Managing Member/Manager **Anthony J Pikul**