

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2009 MAR 25 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000098272

1. Limited Liability Company's Name

TNT AUTOMOTIVE SERVICES, LLC

CR2E041 (10/08)

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

9950 SW 14 ST

3. Mailing Office Address

10700 AVENIDA RIO DEL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

BOLARATON, FL. DELRAY BEACH, FL.

Zip

Country

Zip

Country

33428 PALM BEACH 33446 USA

4. State/Country of Formation

FLORIDA U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

10/08/06

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required  
for a Certificate of Status

## B. Name and Address of Current Registered Agent

Name

KHANH P. TONG

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

9478 AEGEAN DRIVE

Suite, Apt. #, Etc.

City

BOLARATON

State

FL

Zip Code

33496

☐ 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

KHANH P. TONG

Date 03-10-09

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
MGRM	KHANH P. TONG	9478 AEGEAN DRIVE	BOLARATON, FL. 33496

200147192212  
03/24/09-01091-021 \*\*516.25

REINSTATEMENT 07-09

AL

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 03-10-09 Daytime Phone # (561) 929-0630

Typed or printed name of signing Managing Member/Manager

KHANH P. TONG