

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000098527

1. Limited Liability Company's Name

Jacksonville Auto Mall, LLC

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

1531 Harrington Park Drive

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32225

Country

USA

3. Mailing Office Address

1531 Harrington Park Drive

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32225

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

205723509

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Sam Kazran

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

1531 Harrington Park Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

3225

300262119433
07/09/14--01003--019 **3413.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7-5-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Managing Member	Sam Kazran	1531 Harrington Park Drive	Jacksonville, FL 32225

11. E-mail Address: KAZRAN52@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

7-5-14

Daytime Phone # 904-874-0304

Typed or printed name of signing Authorized Representative/Manager Sam Kazran

FILED

14 JUL -9 PM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE 7/10/14