

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF
DIVISION OF
09 MAR 23 AM 10:03

DOCUMENT # L06000116494

1. Limited Liability Company's Name

DAVIE AUTO REPAIR LLC

REINSTATEMENT DL-09 HSM

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 4290 DAVIE RD EXTENSION		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIE, FL		City & State	
Zip 33024	Country US	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 12/06/2006	
6. FEI Number 205995950	<input checked="" type="checkbox"/> 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 HANIFF HOSEIN		
Street Address (P.O. Box Number is Not Acceptable) 4290 DAVIE RD EXTENSION		
Suite, Apt. #, Etc.		
City DAVIE,	State FL	Zip Code 33024

☒ 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 03/01/2009

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	HANIFF HOSEIN	8310 NW 11TH STREET	PEMBROKE PINES FL 33024
			000149620390 04/13/09--01005--018 **147.50
			000149620390 04/13/09--01005--018 **268.75

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 3/2/09

Daytime Phone # 954-961-5099

Typed or printed name of signing Managing Member/Manager

Haniff Hosein