

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L07000056522

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 17 AM 10:20

DOCUMENT # **L07000056522**

1. Limited Liability Company's Name

Auto Effects Paint and Body LLC

600180984466
06/07/10--01055--003 **132.50

600180984466
05/17/10--01005--031 **238.75

CR2E041 (11/09)

05/24/10-01045-018 50.00

BUSINESS

Home (08)

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

3420 NE 2nd Street

3. Mailing Office Address

2584 NW 95 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32609

Country

USA

Zip

32606

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida

1986

6. FEI Number

27-1980583

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

William E Walker Jr

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

Suite, Apt. #, Etc.

3420 NE 2nd Street

City

Gainesville

State

FL

Zip Code

32609

☒ 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

William E Walker Jr

Date

2/25/10

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
owner	William E Walker	2584 NW 95 Street	Gainesville FL
member	Sole proprietor	Home	32606

REINSTATEMENT 2008-2010

11. E-mail Address:

autotomax

autoskip@yahoo.com

(To be used for future annual report notifications)

12. 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

William E Walker Jr

Date

2/25/10

Daytime Phone #

(352) 871 0570

Typed or printed name of signing Managing Member/Manager

William E Walker Jr