

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000059131

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** CLASSIC RESTORATIONS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

3001 S.W. 10TH STREET  
POMPAÑO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3001 S.W. 10TH STREET  
POMPAÑO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

AURELIUS, JOHN E  
4367 NORTH FEDERAL HIGHWAY STE 101  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

WATTS, CHARLES R  
5988 NW 66 AVENUE  
PARKLAND, FL 33067 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLES WATTS

10/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WATTS, CHARLES R SR  
Address: 3001 S.W. 10TH STREET  
City-St-Zip: POMPAÑO BEACH, FL 33069

Title: MGRM ( ) Delete  
Name: WATTS, CHARLES R JR  
Address: 3001 S.W. 10TH STREET  
City-St-Zip: POMPAÑO BEACH, FL 33069

Title: MGRM ( ) Delete  
Name: WATTS, SANDRA L  
Address: 3001 S.W. 10TH STREET  
City-St-Zip: POMPAÑO BEACH, FL 33069

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLES WATTS

MR

10/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date