

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000070433

FILED
Nov 20, 2008
Secretary of State

Entity Name: OBT MOTORS, LLC

Current Principal Place of Business:

4847 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839 US

New Principal Place of Business:

Current Mailing Address:

4847 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839 US

New Mailing Address:

FEI Number: 26-0598294 FEI Number Applied For () FEI Number Not Applicable () 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HASHMI, SHAZIA
4847 S. ORANGEL BLOSSOM TRAIL
ORLANDO, FL 32836 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: SHAZIA HASHMI

11/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HASHMI, SHAZIA
Address: 8711 BITTERROOT
City-St-Zip: LORTON, VA 22079 US

Title: MGRM () Delete
Name: AHMAD, MOHAMMAD
Address: 4302 N.W. 61ST TERRACE
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HASHMI, SHAZIA
Address: 8127 VIA BELLA NOTTE
City-St-Zip: ORLANDO, VA 32836 US

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: SHAZIA HASHMI

MGRM

11/20/2008

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