

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC -2 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L07000116393

1. Limited Liability Company's Name

LMG Autosport LLC

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

11349 South Orange Blossom Trail

Suite, Apt. #, etc.

Suite 105-B

City & State

Orlando FL

Zip

32837

Country

Orange

3. Mailing Office Address

2209 SW 44th Terrace

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip

33914

Country

Lee

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 11-2007

6. FEI Number

26-1423860

☒ 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

Arnaldo Lasanta

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

6360 Raleigh ST

Suite, Apt. #, Etc.

APT 1702

City

Orlando

State

FL

Zip Code

32835

☒ 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 11-25-08

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	Arnaldo Lasanta	6360 Raleigh ST Apt 1702	Orlando FL 32835

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12/01/08--01077--021 **238.75

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 11-25-08

Daytime Phone # 407-451-0805

Typed or printed name of signing Managing Member/Manager Arnaldo Lasanta