

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2009 DEC 14 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/14/09--01059--013 **282.50

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L07000118054

1. Limited Liability Company's Name

Auto Towing & Mobile Service, LLC

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

3220 2nd St W

Suite, Apt. #, etc.

3. Mailing Office Address

3220 2nd St W

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

City & State

Lehigh Acres FL

Zip

33971

Country

USA

Zip

33971

Country

USA

4. State/Country of Formation

Lee

5. Date Organized or Qualified
To Do Business in Florida

NOV 26, 07

6. FEI Number

115546738

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

MARK Dellario

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

3220 2nd St W

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33971

☒ 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 12-11-09

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	MARK Dellario	3220 2nd St W	Lehigh Acres FL 33971

REINSTATEMENT

08-09

Or 12-15-09

11. E-mail Address:

(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

Mark Dellario

Date 12-11-09

Daytime Phone #

239-839-6824

Typed or printed name of signing Managing Member/Manager

Dellario, MARK