L08000000094

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
AUTOPROFITLLC

Certificate of Status	1
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000000094

1. Limited Liability Company's Name

AUTOPROFITZONE LLC

CR2E041 (10/06)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
14846 Crescent Cove Dr.	14846 Crescent Cove Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33908 Country: USA	Zip: 33908 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/31/2007

6. FEI Number: ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: UNITED STATES CORPORATION AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 320 S. FLAMINGO ROAD

Suite, Apt. #, Etc.: #347

City: PEMBROKE PINES State: FL Zip Code: 33027

☐ 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: _____ Date: 4/26/11

REGISTERED AGENT MUST SIGN John Voigtman, VP on behalf of UNITED STATES CORPORATION AGENTS, INC.

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
MGRM	Edward French	14846 Crescent Cove Dr.	Fort Myers, FL 33908

REINSTATEMENT 2008-11

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 608.408, 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: 4-21-11 Daytime Phone #: (812) 327-2006

Typed or printed name of signing Managing Member/Manager: Edward French