

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC -7 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000016652

1. Limited Liability Company's Name

R & J'S AUTO CONCEPTS LLC

700163289277
12/03/09--01038--002 **238.75
CR2E041 (10/09)

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

11 Beal Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

11 Beal Parkway

Suite, Apt. #, etc.

4. State/Country of Formation **Florida**

5. Date Organized or Qualified
To Do Business in Florida **February 14, 2008**

6. FEI Number
26-1762037

Applied For

Not Applicable

\$5.00 Additional Fee
required for a
Certificate of Status

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name
Peter J. Pike, Esq.

Street Address (P.O. Box Number is Not Acceptable)
36468 Emerald Coast Parkway

Suite, Apt. #, Etc.
Suite 1201

City State Zip Code
Destin FL 32541

☐ 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 fee 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 **November 10, 2009**

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	Cheryl Tawfik	4421 Commons Drive East, #320	Destin, FL 32541

11. E-mail Address: **CDT50@hotmail.com**

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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 **11-10-2009**

Daytime Phone # **850-650-9800**

Typed or printed name of signing Managing Member/Manager **Cheryl Tawfik**