2011 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED DOCUMENT # L08000017042 11 OCT -6 PM 1:25 PRO-FLEET MAINTENTANCE LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6079 WW KELLEY RD 6079 WW KELLEY RD TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10062011 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For 26-1976360 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARD, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 6079 WW KELLEY RD TALLAHASSEE, FL 32311 Zip Code FI 8. 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. I am familiar with, and accept the obligations of registered ag SIGNATURE ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating Make check payable to FILE NOW!!! FEE IS \$238.75 After January 1, 2012, Fee will be \$377.50 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ARD, TIMOTHY J NAME STREET ADDRESS 6079 WW KELLEY RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUSISCO4 Droman D Addition TITLE Delete TITLE 10/06/11--01028--014 **238.75 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDR STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes | further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #