

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO9000074185**

1. Limited Liability Company's Name

**All IN 1 Discount Automotive Repair
Plaza, LLC**

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

1320 S. Monroe St
Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32301 Leon

3. Mailing Office Address

P.O. Box 10713
Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32302 Leon

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

8/3/2009

6. FEI Number

☒ 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

Fredrick Pleas

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

1893 Lake Rd Monticello FL

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

900193249219
02/03/11--01024--020 **377.50

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

Fredrick Pleas

REGISTERED AGENT MUST SIGN

Date **2-3-2011**

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
MGK	Fredrick Pleas	1893 Lake Rd	Monticello, FL 32344

REINSTATEMENT

10-11

J. SAULSBERRY
EXAMINER

FEB 08 2011

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

Fredrick Pleas

Date **2-3-2011**

Daytime Phone #

850-363-2788

Typed or printed name of signing Managing Member/Manager

Fredrick Pleas

FILED
2011 FEB -3 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E04 (05/10)