

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUL 14 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000094012

1. Limited Liability Company's Name

PREMIER CHRYSLER, JEEP, DODGE, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
1531 Harrington Park Drive

Suite, Apt. #, etc.

3. Mailing Office Address
1531 Harrington Park Drive

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip
32225

Country
USA

Zip
32225

Country
USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
Applied for

☐ 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

Sam Kazran

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

1531 Harrington Park Drive

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32225

600262249766
07/14/14--01016--013 **\$55.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Sam Kazran	1531 Harrington Park Drive	Jacksonville, Florida 32225

REINSTATEMENT

JUL 14 2014

R. HUNT

11. E-mail Address: KAZRAN52@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

Date

Daytime Phone # **904-874-0304**

Typed or printed name of signing Authorized Representative/Manager