

L10000052934

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAR -9 AM 11:18

700220174157
03/14/12--01008--009 **138.75
CR2E041 (1/11)

DOCUMENT #L 10000052934

1. Limited Liability Company's Name

Buddy's Auto Repair LLC

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

314 W. Ball St

Suite, Apt. #, etc.

3. Mailing Office Address

314 W. Ball St

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City FL

Zip

33563

Country

US

Zip

33563

Country

US

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

5-14-2010

6. FEI Number

80-0610036

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

700220174157
02/01/12--01022--007 **243.75

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

Steven Wood

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

314 W Ball St

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33563

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1-19-2012

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 | Steven Wood | 314 W. Ball St | Plant City, FL 33563 |
| | | | |
| | FF \$377.50 | REINSTATEMENT | |
| | Ous 5.00 | | |
| | | | 2011-2012 |
| | | | |
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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 608.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 1-19-2012 Daytime Phone # 813 754-4283

Typed or printed name of signing Managing Member/Manager