PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 APR 24 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000127656

1. Limited Liability Company's Name
Better Body's Antique & Classic Car Restoration, LLC
706D W Park Ave
Edgewater, FL 32132

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
706D W Park Ave	706D W Park Ave
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Edgewater, FL	City & State: Edgewater, FL
Zip: 32132 Country: USA	Zip: 32132 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: November 1, 2010

6. FEI Number: 27-4509503 ☐ 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: Sharon McGee Hale, EA
Street Address (P.O. Box Number is Not Acceptable): 883 W Granada Blvd
Suite, Apt. #, Etc.:
City: Ormond Beach State: FL Zip Code: 32174

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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: Sharon McGee Hale Date: 04/17/14
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
MGR	Matthias W Froehlich	507 Sparrow Drive	Edgewater, FL 32132

REINSTATEMENT
2013 – 2014

S. HAWKES
APR 25 A.M.
EXAMINER

11. E-mail Address: betterbodys@aol.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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: X Matt Froehlich Date: 04/17/2014 Daytime Phone #: 386 4282639

Typed or printed name of signing Authorized Representative/Manager: Matthias W Froehlich