

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L11000132922

1. Limited Liability Company's Name

SERVICE Plus Automechanic Repair LLC

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

1140 N.W. 132<sup>nd</sup> St

Suite, Apt. #, etc.

3. Mailing Office Address

1140 N.W. 132<sup>nd</sup> St

Suite, Apt. #, etc.

City & State

North Miami, FL

Zip

33168

Country

FLORIDA

City & State

North Miami, FL

Zip

33168

Country

FLORIDA

4. State/Country of Formation

Florida / FLORIDA

5. Date Organized or Qualified To Do Business in Florida

11-23-2011

6. FE Number

45-3862119

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

Manfred Antoine

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

1140 N.W. 132<sup>nd</sup> St

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33168

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

REGISTERED AGENT MUST SIGN

Date

05-02-2014

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

President Manfred Antoine

1140 N.W. 132<sup>nd</sup> St

N. Miami FL 33168

VP Charly Obas

431 S.W. 10<sup>th</sup> Terr

Hollandale FL 33009

TIGR Joseph Valentin

13782 burberry Dr

Wellington FL 33414

B. BOSTICK

MAY 7 2014

11. E-mail Address amarcel74@yahoo.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 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

5-2-2014

Daytime Phone #

954)394-2740

Typed or printed name of signing Authorized Representative/Manager