


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 DEC 30 AM 10 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L12000151183

1. Limited Liability Company's Name
Cars For You

2. Principal Office Address - No P.O. Box # 1930 11th st		3. Mailing Office Address 1930 11th st	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota		City & State Sarasota	
Zip 34236	Country Sarasota	Zip 34236	Country Sarasota

CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/04/2012	
6. FEI Number 46-1695503	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Janos Erdei			
Street Address (P.O. Box Number is Not Acceptable) Suite, 6612 Glades Way			
Apt. #, Etc.			
City Sarasota	State FL	Zip Code 34231	

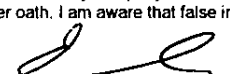
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.	
Signature of Registered Agent _____	Date _____
REGISTERED AGENT MUST SIGN	

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
owner	Janos Erdei	6612 Glades Way	Sarasota FL 34231
REINSTATEMENT		DEC 30 2015	
		R. HUNT	

11. E-mail Address: thebestcarsforyou@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 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.	
Signature of authorized representative/member 	Date 12/28/15 Daytime Phone # 941-822-4949