

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 FEB 14 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L12000155689

1. Limited Liability Company's Name

Southern Boyz Garage LLC

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

3. Mailing Office Address

4001 Silver Star Rd

4001 Silver Star Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

Country

Zip

Country

32808

USA

32808

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

10-17-2012

6. FEI Number

90-0901219

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

Gregory Scott

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

2225 Woodwind Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

400256768224  
02/14/14--01023--001 \*\*378.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/11/2014

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
<u>AR</u>	<u>Gregory Bernard Scott</u>	<u>2225 Woodwind Dr.</u>	<u>Orlando FL 32808</u>

REINSTATEMENT

FEB 14 2014

R. HUNT

11. E-mail Address: Diana Lowery 11@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

[Signature]

Date

2/11/2014

Daytime Phone #

407-236-6173

Typed or printed name of signing Authorized Representative/Manager