

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JAN -2 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000158359

1. Limited Liability Company's Name

Patriot Auto Repair, LLC

CR2E041 (1/14)

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

201 Suwannee Ave

Suite, Apt. #, etc.

Ste 5

City & State

Branford FL

Zip

32008

Country

USA

3. Mailing Office Address

201 Suwannee Ave

Suite, Apt. #, etc.

Ste 5

City & State

Branford FL

Zip

32008

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

01/01/2013

6. FEI Number

46-1666174

☐ 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

Larea Statham

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

201 Suwannee Ave.

Suite, Apt. #, Etc.

Ste 5

City

Branford

State

FL

Zip Code

32008

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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

Larea Statham

Date 12/29/2014

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	Larea Statham	1386 SW Wilson Springs Rd	Ft. White, FL 32038

REINSTATEMENT

JAN 02 2014

R. HUNT

11. E-mail Address: patriotautorepair@windstream.net

(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

Larea Statham

Date

12/29/2014

Daytime Phone #

386-935-0999

Typed or printed name of signing Authorized Representative/Manager

Larea Statham