


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** L14000182311

1. Limited Liability Company's Name

Rush Cars, LLC

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

3921 NW 207th Street Road

Suite, Apt. #, etc.

City & State

Miami Gardens, Florida

Zip

33055

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Devon Porter

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

3921 NW 207th Street Road

Apt. #, Etc.

City

Miami Gardens,

State

FL

Zip Code

33055

CR2E041 (1/14)

4. State/Country of Formation

Florida /USA

5. Date Organized or Qualified  
To Do Business in Florida

11/25/2014

6. FEI Number

47-2419464

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

400280484664  
12/30/15--01004--005 \*\*238.75

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
RA/M	Devon Porter	3921 NW 207th Street Road	Miami Gardens, Florida 33055

11. E-mail Address

(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

26/12/15

Daytime Phone #

954 740 3299

Typed or printed name of signing authorized representative/member