PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2016-2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 OCT 12 PM 4:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L15000006402

Limited Liability Company's Name

GET FRESH AUTO REPAIR LLC

CR2E041 (12/13)

Principal Office Address - No P.O. Box #	3. Mailing Office Address
4702 WAREHOUSE RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TALLAHASSEE FL	City & State
Zip 32305 Country USA	Zip Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florica

6. FEI Number [X] 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 YVES GORDON

Street Address (P.O. Box Number is Not Acceptable) 1639 WILLOW BEND WAY

Suite, Apt.# Etc.

City TALLAHASSEE State FL Zip Code 32304

E-mail Address:

5003045200025
10/13/17--01001--005 **377.50

(To be used for future annual report notices)

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 Addresses of Each Person Authorized to manage the Limited Liability Company

Titles MBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	EUGENE SMITH	4702 WAREHOUSE	TALLAHASSEE, FL 32305

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person _____ Date 10/12/17 Daytime Phone # 850 727 6864

Typed or printed name of signing Authorized Person _____

K. ASHTON