PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

900451609439
08/20/25--01010--005 **60.00

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000185979

1. Limited Liability Company's Name
AUTO LOCKSMITH LLC

900451609439
05/28/25--01004--002 **60.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6344 Ravenwood Ct		6344 Ravenwood Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Sarasota, FL		Sarasota, Fl	
Zip	Country	Zip	Country
34243	USA	34243	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 11/02/2015

6. FEI Number
475506706
☑ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a certificate of status

2025 OCT 16 AM 10:28

8. Name and Address of Current Registered Agent

Name
Alex Fainshtein

Street Address (P.O. Box Number is Not Acceptable) Suite,
6344 Ravenwood Ct

Apt. #, Etc.

City	State	Zip Code
Sarasota	FL	34243

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 05/16/25
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
Mbr	Alex Fainshtein	6344 Ravenwood ct	Sarasota FL 34243

11. E-mail Address: 1keyman@gmail.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 05/16/25 Daytime Phone # 9417024545

Typed or printed name of signing authorized representative/member