

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

18 JAN 22 PM 2:45

DOCUMENT # L16000201928

1. Limited Liability Company's Name  
King Of Cars Auto Sales LLC.

600308201086  
01/22/18--01022--032 \*\*\*377.50

2. Principal Office Address - No P.O. Box # 6427 hwy 90		3. Mailing Office Address 306 plymouth ave.	
Suite, Apt. #, etc N/A		Suite, Apt. #, etc N/A	
City & State Milton FL.		City & State fort walton beach	
Zip 32570	Country US	Zip 32547	Country US

CR2E041 (1/14)

4. State/Country of Formation florida us	
5. Date Organized or Qualified To Do Business in Florida 1/11/2018	
6. FEI Number 81-4354516	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Cody Barto			
Street Address (P.O. Box Number is Not Acceptable) Suite, 306 plymouth ave.			
Apt. #, Etc			
City fort walton beach		State FL	Zip Code 32547

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 \* See below

Date 1/18/2018

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
owner	cody barto	306 plymouth ave-	fort walton beach fl 32547

11. E-mail Address Codybarto@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 *Cody Barto* Date 1/18/2018 Daytime Phone # (850)4280-471

Typed or printed name of signing authorized representative/member Cody Barto