

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L17000213528

1. Limited Liability Company's Name
AUTOLENDERS GO, LLC

2. Principal Office Address - No P.O. Box #
4990 SW 52ND STREET

3. Mailing Office Address
4990 SW 52ND STREET

Suite, Apt. #, etc.
SUITE 206

Suite, Apt. #, etc.
SUITE 206

City & State
DAVIE, FLORIDA

City & State
DAVIE, FLORIDA

Zip Country
33314 USA

Zip Country
33314 USA

8. Name and Address of Current Registered Agent

Name
REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable) Suite,
7901 4TH STREET NORTH

Apt. # Etc.
SUITE 300

City
ST. PETERSBURG

State Zip Code
FL 33702

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 10/16/2017

6. FEI Number
814993034

Applied For
Not Applicable

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

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

Justin Schneider

Date April 19, 2021

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
AR PRE	BRAD WIMMER	122 CROSS KEYS ROAD	BERLIN/NJ/08009
AR EVP	GREG MARKUS	122 CROSS KEYS ROAD	BERLIN/NJ/08009
MGR.	MICHAEL J. WIMMER	122 CROSS KEYS ROAD	BERLIN/NJ/08009

11. E-mail Address BWIMMER@AUTOLENDERS.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

4/19/21

Daytime Phone #

856-577-2700

Typed or printed name of signing authorized representative/member

BRAD WIMMER

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