PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2023 SEP 26 AM 7:11
SECRETARY OF STATE
TALLAHASSEE, FL

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09/26/23--01058--001 **377.50

CR2E041 (1/14)

DOCUMENT # L17000229809

1 Limited Liability Company's Name
REDSONS AUTO GROUP LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6280 Old Cheney hwy	2479 Ridgemoor drive
Suite, Apt. # etc Unit # A	Suite, Apt. # etc
City & State Azalea Park	City & State Orlando Florida
Zip / Country 32807	Zip / Country FL/32828

4. State/Country of Formation

5 Date Organized or Qualified To Do Business in Florida

6. FEI Number 82-3321977 ☐ 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
Ali L Kirmizioglu

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # Etc
2479 Ridgemoor drive

City: Orlando | State: FL | Zip Code: 32828

REINSTATEMENT
2022-2023

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 9-18-2023
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
MGR	Ali L Kirmizioglu	2479 Ridgemoor drive	Orlando Fl 32828
Mgr	Yamirah M Kirmizioglu	2479 Ridgemoor drive	Orlando Fl 32828

SEP 26 2023
M. WILLIAMS

11. E-mail Address Redsons AutoGroup@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 9-18-23 Daytime Phone # 407-7569256

Typed or printed name of signing authorized representative/member Ali L Kirmizioglu 407-9670564