

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
FILED  
99 DEC 27 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 95000000862

**1. Limited Liability Company's Name**

The Aircar System Limited Company

**REINSTATEMENT** 99

**2. Principal Office Address**

400 Clematis Street

Suite, Apt. #, etc.

Suite 207

City & State

West Palm Beach, FL

Zip

33401

Country

USA

**3. Mailing Office Address**

400 Clematis Street

Suite, Apt. #, etc.

Suite 207

City & State

West Palm Beach, FL

Zip

33401

Country

USA

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified  
To Do Business in Florida**

11-08-1995

**6. FEI Number**

65-0627275

Applied For

Not Applied

**7. CERTIFICATE OF STATUS DESIRED** ☐ ☒

**8. Name and Address of Current Registered Agent**

Name

Michael Margantoff

400003082634-7

Street Address (P.O. Box Number is Not Acceptable)

400 Clematis Street

-12/29/99-01007-008

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

Suite 207

City

West Palm Beach

State

FL

Zip Code

33401

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of

Registered Agent

*[Signature of Michael Margantoff]*

REGISTERED AGENT MUST SIGN

Date 11-16-99

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
UGM	Michael Margantoff	400 Clematis Street Suite 207	West Palm Beach, FL 33401

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 section 608.406, 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.**

Signature of

Managing Member/Manager

*[Signature of Michael Margantoff]*

Date 11-16-99 Daytime Phone # (561) 650-0830

Typed or printed name of signing Managing Member/Manager

Michael Margantoff