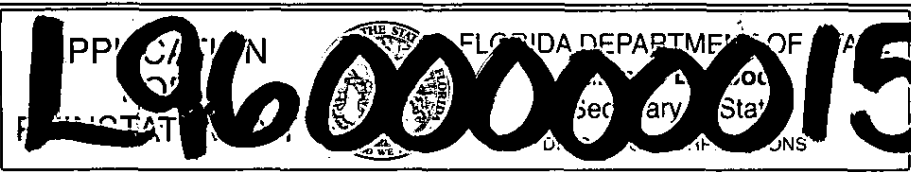


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

1. DOCUMENT # L96000000152

Name and Mailing Address

0002281 01 AT 0.292 **AUTO TO 0 0615 32362-150606



ACORN AUTO RECYCLING, L.L.C.
P.O. BOX 1506
WOODVILLE FL 32362-1506

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/06/1996	
Principal Place of Business 572 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32327	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3358214	Applied For 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 MILLER, COLLEEN E 572 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32362		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 *Colleen E Miller* **SIGNATURE REQUIRED** Date *20 Oct 03*

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MILLER, MICHAEL P	572 WOODVILLE HIGHWAY	CRAWFORDVILLE FL 32327
MGRM	MILLER, COLLEEN E	572 WOODVILLE HIGHWAY	CRAWFORDVILLE FL 32327

12. 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 *Colleen E Miller* **SIGNATURE REQUIRED** Date *20 Oct 03* Daytime Phone # *850 421 2277*

Typed or printed name of signing Managing Member/Manager *Colleen E. Miller*

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10/30/03--01023--016 **150.00
REINSTATEMENT 03
dec