

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # LA8000002075

1. Limited Liability Company's Name

Scooter Rentals, LLC

2. Principal Office Address 1760 Ocean

114 Market St.

Suite, Apt. #, etc.

City & State

Ormond Beach
Carillon Beach, FL

Zip

32176
32113

Country

USA

3. Mailing Office Address

Moore Stephens
510 Potten & Company, LLC

Suite, Apt. #, etc.

500 W. Jefferson St, Suite 1600

City & State

Louisville, Ky

Zip

40202

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10-1-98

6. FEI Number

59-3532964

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

William L Harvey

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

114 Market St 1760 Ocean Shore Blvd.

Suite, Apt. #, Etc.

City

Carillon Beach Ormond Beach

State

FL

Zip Code

32176
32113

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

William L Harvey
REGISTERED AGENT MUST SIGN

Date 1-22-05

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
<u>mgr</u>	<u>William L. Harvey</u>	<u>1760 Ocean Shore Blvd</u> <u>114 Market St</u>	<u>Ormond Beach FL</u> <u>Carillon Beach</u> <u>32176</u>

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

William L Harvey

Date

4-5-03

Daytime Phone #

877-949-0600

Typed or printed name of signing Managing Member/Manager

WILLIAM L. HARVEY

CR2004 (10/02)