

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

DOCUMENT # L99000002325

1. Limited Liability Company's Name

Fast Oil and Lube, North L.L.C.

2. Principal Office Address

1431 Del Prado Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

1724 SW 44th St
Suite, Apt. #, etc.

City & State

Cape Coral Florida
Zip 33904 Country U.S.A

City & State

Cape Coral
Zip 33914 Country U.S.A

4. State/Country of Formation

Florida U.S.A.

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

05-01-1999

6. FEI Number

65-0913953

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

Ricky F Holbdy

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

1724 SW 44th St

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

500003459455

-11/09/00--01096--026

****150.00 ****150.00

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**

X R F Holbdy

REGISTERED AGENT MUST SIGN

Date 10-13-00

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>Ricky F Holbdy</u>	<u>1724 SW 44th St</u>	<u>Cape Coral FL 33914</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**

X R F Holbdy

Date 10-13-00

Daytime Phone #

941-823-7632

Typed or printed name of signing Managing Member/Manager

Ricky F Holbdy