PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

1. DOCUMENT # L99000002325

Name and Mailing Address

FILED DIVISION OF CORPORATIONS OCT 27 AM 8:00 03

> SECRETARY OF STATE TALLAHASSEE, FLORIDA

0014068 01 AT 0.292 **AUTO T1 0 0615 33914-620124 Inflantidationaliationalisticani (1816-1816) FAST OIL AND LUBE NORTH, L.L.C. 1724 S.W. 44TH ST. CAPE CORAL FL 33914-6201



						
2. New Mailing Address 39049 Sugar Island Ct.				State/Country of Formation FL		
City, State, Zip & Gibraltar, MI 48173				5. Date Organized or Qualified — — — — — — — — — — — — — — — — — — —		
Principal Place of Business 1431 DEL PRADO CAPE CORAL FL 33904		New Principal Place of Business Address		6. FEI Number Applied For 65-0913953 Not Applicable		
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent			
HOLBDY, RICK			Name Same			
17	24 S.W. 44TH ST. PE CORAL FL 33914		Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code	
10. I, being appointed the registered agent of the above namy, limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.						
Signature of Registered Agent O-20-03 REGISTERED AGENT MUST SIGN						
11 Name	s and Street Addresses of Each Managing					
Name of Managing Street Address of Each						
Title(s)	Members/Managers		ing Member/Manager	City /	City / State / Zip	
MGR	HOLBOY, RICKY F	1724 S.W. 44	1724 S.W. 44TH ST.		33914	
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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/Manage

Typed or printed name of signing Managing Member/Manager

Date 10-30-03 Daytime Phone # 734-624-303 2