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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

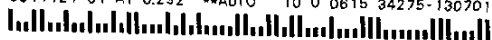
FILED

1. **DOCUMENT #** L99000003429
Name and Mailing Address

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011121 01 AT 0.292 **AUTO TO 0 0615 34275-130701



U. S. AUTO CARE, LLC
101 CHARDIN DRIVE
NOKOMIS FL 34275-1307



| | | | |
|--|-----------------------------------|--|---|
| 2. New Mailing Address 2080 Ringling Boulevard City, State, Zip Sarasota, FL 34237 | | 4. State/Country of Formation FL | |
| Principal Place of Business 101 CHARDIN DRIVE NOKOMIS FL 34275 | | 5. Date Organized or Qualified To Do Business in Florida 06/14/1999 | |
| 3. New Principal Place of Business Address 2080 Ringling Blvd City, State, Zip Sarasota, FL 34237 | | 6. FEI Number 65-0927566 Applied For Not Applicable | |
| 8. Name and Address of Current Registered Agent FRAZIER, GEOFFREY A 101 CHARDIN DRIVE NOKOMIS FL 34275 | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 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 <i>[Signature]</i> SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 10/20/03 | | 9. Name and Address of New Registered Agent Name Street Address (P.O.) City | |
| 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 |
| MGR | FRAZIER, GEOFFREY A | 101 CHARDIN DRIVE Above | NOKOMIS FL 34275 Above |
| MGR | ST. GEORGE, RICK | 101 CHARDIN DRIVE Above | NOKOMIS FL 34275 Above |
| | | 500074358425 11/03/03--01096--010 **150.00 | |
| | | REINSTATEMENT 03 11/03/03--01096--010 **150.00 | |
| | | 000024390810 11/03/03--01096--010 **150.00 | |
| 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 <i>[Signature]</i> SIGNATURE REQUIRED | | Date 10/20/03 Daytime Phone # 941 9188266 | |
| Typed or printed name of signing Managing Member/Manager Geoffrey A Frazier | | | |

CR2E084 (7/03)