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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L99000003429

Name and Mailing Address

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

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

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
8. Name and Address of Current Registered Agent FRAZIER, GEOFFREY A 101 CHARDIN DRIVE NOKOMIS FL 34275		9. Name and Address of New Registered Agent Name Street Address (P.O.) City
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 AgentDate **10/20/03**SIGNATURE REQUIRED
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
MGR	FRAZIER, GEOFFREY A	101 CHARDIN DRIVE Above	NOKOMIS FL 34275 Above
MGR ST.	GEORGE, RICK	101 CHARDIN DRIVE Above	NOKOMIS FL 34275 Above
			5000-01096-010 11/03/03-01096-010 **150.00
			000024390810 11/03/03-01096-010 **150.00
			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

SIGNATURE REQUIRED

Date **10/20/03**Daytime Phone # **941 918 8266**Typed or printed name of signing Managing Member/Manager **Geoffrey A Frazier**

CR2E184 (7/03)