


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
00 DEC -4 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L 99/7058

1. Limited Liability Company's Name

AUTOMOTIVE REAL ESTATE OF FLORIDA, LLC

REINSTATEMENT 2000

2. Principal Office Address

8725 ARLINGTON EXPRESSWAY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL 3

Zip

Country

32211

U.S.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

7/00

6. FEI Number

43-1237453

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

C.T. CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND RD.

Suite, Apt. #, Etc.

City

PLANTATION FL

State

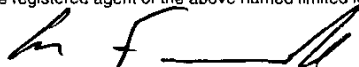
FL

Zip Code

33324

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



ALLAN PARNELL

ASSISTANT SECRETARY

Date 11/29/2000

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| EMP | YUSI OTAKI | 700 8TH ST S | BIRMINGHAM AL 35233 |
| | | | |
| | | | 500003499875--2 -12/13/00--01077--006 ****150.00 ****150.00 |
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| | | | |

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



Date 11/2/00

Daytime Phone # 205-322-8577

Typed or printed name of signing Managing Member/Manager

YUSI OTAKI