

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

01

FILED

JAN 17 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

my

DOCUMENT # L99000007600

1. Limited Liability Company's Name

KELLY'S AUTOMOTIVE BY
SPECIAL TECHNOLOGIES LLC.

REINSTATEMENT 2000-2

2. Principal Office Address

2832-B NE 20TH WAY

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32609

Country

ALACHUA

3. Mailing Office Address

4715 NW 30TH ST

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32605

Country

ALACHUA

4. State/Country of Formation

FLORIDA - ALACHUA

5. Date Organized or Qualified
To Do Business in Florida

NOV. 8, 1999

6. FEI Number

59-3612189

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

ANDRAS SERFOZOSR

200003856432-2

-03/16/01 -01091-027

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

4715 NW 30TH ST

****205.00 ****205.00

Suite, Apt. #, Etc.

City

Gainesville

State
FL

Zip Code

32605

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

On Serfu

Date 01-09-01

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
CEM	ANDRAS SERFOZO SR	4715 NW 30TH ST	Gainesville, FL 32605
Member	ANDRAS SERFOZO JR	7301-56 W UNIVERSITY AV	Gainesville, FL 32607

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

On Serfu

Date 01-09-01

Daytime Phone # 352-339-3607

Typed or printed name of signing Managing Member/Manager

ANDRAS SERFOZO