

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 16 AM 11:05

DOCUMENT #

L99-9085

1. Limited Liability Company's Name

ARLINGTON AUTO MART LLC

2. Principal Office Address

8625-7 ALTON AVE

Suite, Apt. #, etc.

Suite 7

City & State

JAX, FL

Zip

32211

Country

DUVAL

3. Mailing Office Address

8625-7 ALTON AVE

Suite, Apt. #, etc.

Suite 7

City & State

JAX, FL

Zip

32211

Country

DUVAL

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

May 1, 2000

6. FEI Number

EIN 59-3609693

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

JOHN O. FULMER

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

8625-7 ALTON AVE

Suite, Apt. #, Etc.

Suite 7

City

JAX

000003488380-1

-12/05/00-01113-000

****150.00 ****150.00

State
FL

Zip Code
32211

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

John O. Fulmer

Date

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
Buyer	Carl Poir	4625 HARTMAN RD	JAX, FL 32225
Sec	PAT FULMER	4829 WALNUT GARDEN CT	JAX, FL 32225
Buyer	RON MYERS	6868 ARLINGTON EXP	JAX, FL 32211

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

John O. Fulmer

Date 11/9/00

Daytime Phone # 904-727-0048

Typed or printed name of signing Managing Member/Manager JOHN O. FULMER