

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
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DOCUMENT # L99-9085

1. Limited Liability Company's Name
ARLINGTON AUTO MART LLC

mf
REINSTATEMENT 2000

2. Principal Office Address <u>8625-7 ALTON AVE</u> Suite, Apt. #, etc. <u>SUITE 7</u> City & State <u>JAX, FL</u> Zip <u>32211</u> Country <u>FLORIDA</u>		3. Mailing Office Address <u>8625-7 ALTON AVE</u> Suite, Apt. #, etc. <u>SUITE 7</u> City & State <u>JAX, FL</u> Zip <u>32211</u> Country <u>FLORIDA</u>	
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4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>May 1, 2000</u>	
6. FEI Number <u>EIN 59-3609693</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name JOHN O. FULMER **000003400300** **1**
 Street Address (P.O. Box Number is Not Acceptable) 8625-7 ALTON AVE **-12/05/00--01113--000**
 Suite, Apt. #, Etc. SUITE 7 *******150.00 *****150.00**
 City JAX 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
<u>Buyer</u>	<u>Carl Poir</u>	<u>4625 HARTMAN Rd</u>	<u>JAX, FL 32225</u>
<u>Sec</u>	<u>PAT FULMER</u>	<u>4829 WALNUT GARDEN Ct</u>	<u>JAX, FL 32225</u>
<u>Buyer</u>	<u>RON MYERS</u>	<u>6868 ARLINGTON Exp</u>	<u>JAX, FL 32211</u>

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

CR2E041 (9/99)