

9-26-03
300-00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:06

DOCUMENT # MO2000000299

1. Limited Liability Company's Name

Horton Automotive Perry LLC

CR2E041 (8/05)

2. Principal Office Address
Blvd
4610 W. Silver Springs

Suite, Apt. #, etc.

3. Mailing Office Address
POB 1345

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34482

Country

USA

City & State

Monroe, Ga 30655

Zip

30655

Country

USA

4. State/Country of Formation

Georgia USA

5. Date Organized or Qualified
To Do Business in Florida

02/06/02

6. FEI Number

582621585

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

Tim Cahoon

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

4610 W. Silver Springs Blvd

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34482

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

REGISTERED AGENT MUST SIGN

Date 3-29-06

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
MGR	Jim Schruell	320 Mayfield Drive	Monroe, Ga 30655
			300075106933 05/23/06--01059--002 **250.00
			300075106933 05/23/06--01059--003 **50.00
			REINSTATEMENT 03-06

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 3/28/06 Daytime Phone # 770-267-6561

Typed or printed name of signing Managing Member/Manager

Jim Schruell