

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 PM 1:09

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001759

1. Limited Liability Company's Name

Fleet Gard, LLC

2. Principal Office Address

P. O. Box 17332

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33760-3721

Country

USA

3. Mailing Office Address

P. O. Box 17332

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33760-3721

Country

USA

4. State/Country of Formation

Nevada, USA

5. Date Organized or Qualified
To Do Business in Florida

7/5/2002

6. FEI Number

59-365-4441

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

Brad M. Wolfe

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

13575 58th St. N.

Suite, Apt. #, Etc.

Suite 161

City

Clearwater

State

FL

Zip Code

33760

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

Brad M. Wolfe

Date 11-12-03

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
Pres	Brad M. Wolfe	13575 58th St. N.	Clearwater, FL 33760

REINSTATEMENT 2003

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

Brad M. Wolfe

Date 11-12-03

Daytime Phone #

727-538-4124
727-532-6110

Typed or printed name of signing Managing Member/Manager

Brad M. Wolfe

CR2E041 (10/02)