

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 18 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MD2000002959

1. Limited Liability Company's Name

Acme Auto Leasing, LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

7725 Pebble Creek Cir

Suite, Apt. #, etc. Attn: John Cullen

Unit 205

City & State

Naples FL

Zip Country

34108

3. Mailing Office Address

440 Washington Ave

Suite, Apt. #, etc.

City & State

North Haven CT

Zip Country

06473

4. State/Country of Formation

Connecticut

5. Date Organized or Qualified
To Do Business in Florida

11/8/2002

6. FEI Number

06-1425257

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 P Cullen

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

7725 Pebble Creek Cir Unit 205

Suite, Apt. #, Etc.

Attn: John Cullen

City

Naples

State

FL

Zip Code

34108

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 5/10/2010

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
Mgm. Member	John P Cullen	7725 Pebble Creek Cir Unit 205	Naples FL 34108
			600180914176 05/14/10 01039 004 **516.25
			REINSTATEMENT 08/10/12

11. E-mail Address: JCullen@AcmeAutoLeasing.com

(To be used for future annual report notifications)

12. 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 5/10/2010

Daytime Phone #

239-597-5380

Typed or printed name of signing Managing Member/Manager

JOHN CULLEN

203-676-3515