

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

07 NOV -6 PM 4:18

DOCUMENT # MO4000004381

1. Limited Liability Company's Name
Horsepower & Chrome, LLC

400111581164
11/01/07--01032--005 **305.00

CR2E041 (1/07)

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

10743 Edison Ct.

Suite, Apt. #, etc.

NONE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

NONE

City & State

RANCHO CUCAMONGA, CA

City & State

RANCHO CUCAMONGA, CA

Zip

91730

Country

USA

Zip

91730

Country

USA

4. State/Country of Formation

CALIFORNIA

5. Date Organized or Qualified
To Do Business in Florida

8/20/04

6. FEI Number

20-1990152

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

Ken Cayre

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

19500 Turnberry Way 26 A-B

Suite, Apt. #, Etc.

City

Aventura

State

FL

Zip Code

33180

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/1/07

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>MGR</u>	<u>Mike VRS</u>	<u>10743 Edison Ct</u>	<u>Rancho Cucamonga, CA 91730</u>
<u>MGR</u>	<u>Alex Mardikian</u>	<u>10743 Edison Ct</u>	<u>Rancho Cucamonga, CA 91730</u>

REINSTATEMENT 2005-07

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

[Signature]

Date 10-31-07

Daytime Phone #

* 909.481.0000

951.543.5566

Typed or printed name of signing Managing Member/Manager