

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000000777

1. Limited Liability Company's Name

Scooters America, LLC
dba: American Seating & Mobility

2. Principal Office Address - No P.O. Box #
570 W CLEARWATER LOOP

3. Mailing Office Address
570 W CLEARWATER LOOP

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

POST FALLS, ID

City & State

POST FALLS, ID

Zip

83854

Country

USA

Zip

83854

Country

USA

4. State/Country of Formation
IDAHO

5. Date Organized or Qualified
To Do Business in Florida 09/15/2006

6. FEI Number
74-3032255

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
PACIFIC REGISTERED AGENTS, INC.

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

Suite, Apt. #, Etc.

City
QUINCY

State
FL

Zip Code
32351

☐ 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

Charles F. Mathias, President of
Pacific Registered Agents, Inc.

REGISTERED AGENT MUST SIGN

Date DECEMBER 15, 2008

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	ANDREW JESKE	570 W CLEARWATER LOOP, STE A	POST FALLS, ID

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 12/15/08

Daytime Phone # (208) 773-8448

Typed or printed name of signing Managing Member/Manager ANDREW JESKE

CR2E041: (10/08)
DEC 31 PM 3:38
FILED