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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

LIMITED LIABILITY REINSTATEMENT

AUTOMOBILI LAMBORGHINI AMERICA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$243.75

J. BRYAN

OCT 28 2008

EXAMINER

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
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DOCUMENT #

1. Limited Liability Company's Name

AUTOMOBILI LAMBORGHINI AMERICA, LLC

QR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 2772 Donald Douglas Loop N.		3. Mailing Office Address 2772 Donald Douglas Loop N.		4. State/Country of Formation: Delaware	
Suite, Apt. #, Etc.		Suite, Apt. #, Etc.		5. Date Organized or Qualified To Do Business in Florida 04/27/2007	
City & State Santa Monica, CA		City & State Santa Monica, CA		6. FEI Number 77-0675294	
Zip 90405	Country USA	Zip 90405	Country USA	7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status.	

8. Name and Address of Current Registered Agent		☐ 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.
Name: CT CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

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: Kristine Heiberger Date: 10/27/2008
 Kristine Heiberger
 Assistant Secretary
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	Stephan Winkelmann	2772 Donald Douglas Loop N.	Santa Monica, CA 90405
MGR	Salvatore Cleri	2772 Donald Douglas Loop N.	Santa Monica, CA 90405
MGR	Enrico Maffei	2772 Donald Douglas Loop N.	Santa Monica, CA 90405
MGR	Stefan Jacoby	2772 Donald Douglas Loop N.	Santa Monica, CA 90405

REINSTATEMENT 2008

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., and 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: Lawrence S. Tolep Date: 10/23/08 Daytime Phone: 248-754-5982
 Type or printed name of signing Managing Member/Manager: LAWRENCE S. TOLEP