

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

M9800000594

03 DEC 11 PM 1:50

12/22/19

1. DOCUMENT # M9800000594

Name and Mailing Address

0000558 01 AV 0.278 \*\*AUTO T3 3 0615 33134-541850



BEACON AUTOMOTIVE, LLC  
2333 PONCE DE LEON BLVD., SUITE 600  
CORAL GABLES FL 33134-5418

REINSTATEMENT



2. New Mailing Address		4. State/Country of Formation DE	
City State Zip		5. Date Organized or Qualified To Do Business in Florida 06/09/1998	
Principal Place of Business 2333 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES FL 33134	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 52-2101429	Applied For - Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent FARR, VERONICA 2333 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES FL 33134	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

10. 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 *Veronica Farr* **SIGNATURE REQUIRED** Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PLANET AUTOMOTIVE GROUP, INC.	2333 PONCE DE LEON BLVD.	CORAL GABLES FL 33134

REINSTATEMENT

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 *Veronica Farr* **SIGNATURE REQUIRED** Date 11-06-03 Daytime Phone 305-774-7690

Typed or printed name of signing Managing Member/Manager