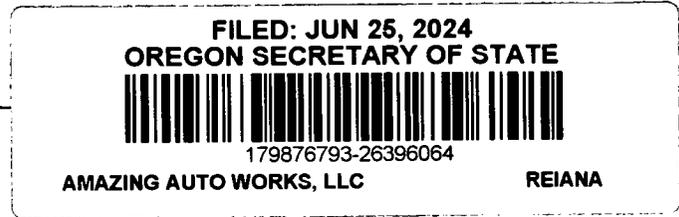




Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503)986-2200  
Fax: (503)378-4381  
<https://sos.oregon.gov/business/>

Registry Number: 179876793  
Date of Organization: 03/22/2021  
Type: DOMESTIC LIMITED LIABILITY COMPANY



RE: AMAZING AUTO WORKS, LLC

APPLICATION FOR REINSTATEMENT/REACTIVATION

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit \$300 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 05/18/2023

The reason(s) for administrative dissolution has been eliminated or did not exist.

**Execution:**

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

By: Aldo Ausler Date: Jun 25 / 2024  
(Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry  
Corporation Division  
(503) 986-2200



Secretary of State  
 Corporation Division  
 255 Capitol Street NE, Suite 151  
 Salem, OR 97310-1327

Phone: (503)986-2200  
 Fax: (503)378-4381  
<https://sos.oregon.gov/business/>

**REINSTATEMENT ANNUAL REPORT**  
 Registry Number: 179876793  
 Date of Organization: 03/22/2021  
 Type: DOMESTIC LIMITED LIABILITY COMPANY

AMAZING AUTO WORKS, LLC  
 4595 BANTER CT NE  
 SALEM OR 97301

**Name of Domestic Limited Liability Company**

AMAZING AUTO WORKS, LLC

**Jurisdiction:** OREGON

The following information is required by statute. Please complete the entire form.

**Registered Agent**

ALDO AUSTIN  
 4595 BANTER CT NE  
 SALEM OR 97301

If the Registered Agent has changed,  
 the new agent has consented to the appointment. Oregon  
 street address required.

**1) Type of Business**

**2) Principal Place of Business (Address,city,state,zip)**

4595 BANTER CT NE  
 SALEM OR 97301

**3) Mailing Address (Address,city,state,zip)**

4595 BANTER CT NE  
 SALEM OR 97301

**4)  Member or  Manager (Name&Address)**

ALDO AUSTIN CASAS  
 4595 BANTER CT NE  
 SALEM OR 97301

**5)  Member or  Manager (Name&Address)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Execution:**

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

**6) Signature** 

**7) Printed Name** Aldo Austin

**8) Date** Jun/25/2024

**9) Phone Number** (503) 383-4434

Make check payable to "Corporation Division" and mail to the address above.  
 Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

ANRPF1-  
 06/25/24