

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 NOV 22 PM 4:36

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TALLAHASSEE, FLORIDA

DOCUMENT # L15000035567

1. Limited Liability Company's Name
FLORIDA SUNRISE PROPERTIES, LLC
P.O. BOX 2803
Ponte Vedra, FL 32004

2. Principal Office Address - No P.O. Box #
701 Ponte Vedra BL
Suite, Apt. #, etc.

3. Mailing Office Address
PO BOX 2803
Suite, Apt. #, etc.

CR2E041 (1/14)

City & State
Ponte Vedra, FL
Zip
32082
Country
USA

City & State
Ponte Vedra, FL
Zip
32004
Country
USA

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
47-3264632
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
Wayne A NOVAK
Street Address (P.O. Box Number is Not Acceptable) Suite
2610 Beach Blvd
Apt. #, Etc.
Jacksonville Beach, FL
City
State
FL
Zip Code
32250

200292580722
11/22/16--01019--007 *\$125.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent
Date 11-21-16
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Mgr	Wayne A Novak	P.O. Box 2803	Ponte Vedra, FL 32004

11. E-mail Address: wcn1107@comcast.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member
Date 11-21-16 Daytime Phone # 904-716-1638
Typed or printed name of signing authorized representative/member