FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2024 APR 24 PM 3:41

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800428581248
04/24/24--01013--010 **377.50

DOCUMENT # L22000107181

1. Limited Liability Company's Name

MARKETING COST CONTROL SUNRISE LLC

OR2E041 (M14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
270 MADISON AVE	270 MADISON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW YORK, NY	City & State: NEW YORK, NY
Zip: 10016 Country: UNITED STATES	Zip: 10016 Country: UNITED STATES

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 03/15/2022

6. FEI Number: [X] 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: FILE RIGHT FLA SERVICES LLC

Street Address (P.O. Box Number is Not Acceptable) Suite:
625 E TWIGGS STREET

Apt. # Ste.:
STE 110

City: TAMPA State: FL Zip Code: 33602

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: Mark Fuchs Date: 04/11/2024

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	MERMELSTEIN, HOWARD	270 MADISON AVE	NEW YORK, NY 10016

11. E-mail Address: sales@hiacorp.com Sales@hiacorp.com
(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 any 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: 04/11/2024 Daytime Phone #: 718 878 5811 T. WILSON

Typed or printed name of signing authorized representative/member: HOWARD MERMELSTEIN

APR 24 2024