APPROVED AND FILED

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 OCT 24 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000003297

1. Limited Liability Company's Name
Susies Sunset, L.C.
PO Box 549
Dellslow WV 26531

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
EAST GATE PLAZA	PO Box 549
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MORGANTOWN WV	City & State: Dellslow WV
Zip: 26508 Country: USA	Zip: 26531 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 55-0283011 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required (See Certificate of Status)

8. Name and Address of Current Registered Agent

Name: Timothy J. Koenig, Feldman, Koenig & Highsmith, P.A.
Street Address (P.O. Box Number is Not Acceptable): 3158 Northside Dr
Suite, Apt. #, Etc.:
City: Key West FL
State: FL Zip Code: 33040

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: Timothy J. Koenig Date: 10/24/01
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	David Maynard	3025 Greyston Dr.	
		Morgantown	West Virginia 26508

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. 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 608.408, F.S., and that all taxes owed by the limited liability company have been paid. This 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: David Maynard Date: 10/24/01 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: David Maynard

2002

ACCOUNT NO. : 072100000032

REFERENCE : 187914 8728A

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 150.00

ORDER DATE : October 24, 2001

ORDER TIME : 4:21 PM

ORDER NO. : 187914-005

CUSTOMER NO: 8728A

CUSTOMER: Ms. Sarah L. Vega
Feldman Koenig & Highsmith,
3158 Northside Drive
Key West, FL 33040

DOMESTIC FILINGS

RECEIVED
01 OCT 24 PM 4:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: SUSIE'S SUNSET, L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS _____