

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000011710

1. Limited Liability Company's Name

E.S.KAPLAN-SUNRISE,LLC

2. Principal Office Address - No P.O. Box #
751 SW 66 AVE

Suite, Apt. #, etc.

City & State

NO. LAUDERDALE FL.

Zip

33068

Country

US

3. Mailing Office Address
751 SW 66 AVE

Suite, Apt. #, etc.

City & State

NO. LAUDERDALE FL.

Zip

33068

Country

US

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

SEPT. 25 2000

6. FEI Number

651050088

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

EDWARD S. KAPLAN REVOCABLE TRUST DATED AUG. 2-2004

Street Address (P.O. Box Number is Not Acceptable)

751 SW 66 AVE

Suite, Apt. #, Etc.

City

NO. LAUDERDALE

State

FL

Zip Code

33068

E-mail Address:

edad1@earthlink.net

(To be used for future annual report notices)

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

Date

4/24/12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	EDWARD S. KAPLAN, TRUSTEE	751 SW 66 AVE	NO. LAUDERDALE/ FL. 33068

JB

REINSTATEMENT 2010-12

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 608.406, 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. 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 Managing
Member/Manager

Date **04/24/2012**

Daytime Phone # **954 979 3475**

Typed or printed name of signing Managing Member/Manager **EDWARD S. KAPLAN, TRUSTEE MGR.**

FILED

2012 MAY -1- PM 2: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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