

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000012521

1. Limited Liability Company's Name

Sunset Cove Development, LLC.

9/26/03

2. Principal Office Address

1100 Fifth Avenue South

Suite, Apt. #, etc.

Suite 405

City & State

Naples, Florida

Zip

34102

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

10/16/2000

6. FEI Number

593677640

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

Stanley J. Lieberfarb

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

1100 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 405

City

Naples, Florida

State
FL

Zip Code

34102

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

Stanley Lieberfarb

REGISTERED AGENT MUST SIGN

Date October 10, 2003

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	Stanley J. Lieberfarb	1100 Fifth Avenue South, Suite 405	Naples, Florida 34102

REINSTATEMENT 2003

(SK) (CV)

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.

Signature of
Managing Member/Manager

Stanley Lieberfarb

Date 10/10/03

Daytime Phone# (239) 403-0611

Typed or printed name of signing Managing Member/Manager

Stanley J. Lieberfarb

FILED
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TALLAHASSEE, FLORIDA

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