

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -8 AM 9:34

DOCUMENT # L00000014051

1. Limited Liability Company's Name

SUNSTATE DIRECTORY, LLC

300004777323--6
-01/16/02--01027--011
****150.00 ****150.00

2. Principal Office Address

401 EAST JACKSON STREET

Suite, Apt. #, etc.

SUITE 2400

City & State

TAMPA, FL

Zip

33602

Country

USA

3. Mailing Office Address

3333 WRIGHTSVILLE AVENUE

Suite, Apt. #, etc.

SUITE M

City & State

WILMINGTON, NC

Zip

28403

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

NOVEMBER 15, 2000

6. FEI Number

59-3681452

Applied For

X 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

CLIFFORD J. HUNT ESQUIRE

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

401 E. JACKSON STREET

Suite, Apt. #, Etc.

SUITE 2400

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 608, F.S.

Signature of
Registered Agent

Clifford J. Hunt

REGISTERED AGENT MUST SIGN

Date Jan. 2, 2002

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
MEMBER	ANTHONY L. WUNSH	3333 WRIGHTSVILLE AVENUE SUITE M	WILMINGTON, NC 28403
	MANAGER OF ALW PUBLICATIONS, LLC		Rein 100.00
	MANAGING MEMBER		UBR 50.00
			150.
	MEMBER MICHAEL SANDERSON	109 N. PARK #320	COVINGTON, LA 70433
			nc

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 *Anthony L. Wunsch*

Date 12/26/2001 Daytime Phone # (910) 790-9330

Typed or printed name of signing Managing Member/Manager ANTHONY L. WUNSH

CR20041 (8/00)