

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

02 APR 22 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

2001-2002

DOCUMENT # L00000014271

1. Limited Liability Company's Name

Sundown Twenty-One Family LLC

2. Principal Office Address

420 Gulf Blvd. #21

Suite, Apt. #, etc.

City & State

Boca Grande, Fl.

Zip

33921

Country

USA

3. Mailing Office Address

30440 Mountainside Drive

Suite, Apt. #, etc.

City & State

Buena vista, CO.

Zip

81211

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

11/17/00

6. FEI Number

65-1055657

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

Michael M. Ingram

400005430564--0

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

421 Palm Ave.

-05/02/02--01039--001

\*\*\*\*\*55.00 \*\*\*\*\*55.00

Suite, Apt. #, Etc.

P.O. Box 31

City

Boca Grande.

State

FL

Zip Code

33921-0031

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

*Michael M. Ingram*

Date 3/12/02

(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	Douglas M. Brady	30440 Mountainside Drive	Buena Vista, CO. 81211
MGRM	Carol B. Brady	30440 Mountainside Drive	Buena Vista, CO. 81211

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-05/02/02--01039--002

\*\*\*\*\*55.00 \*\*\*\*\*55.00

150.00

150.00

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

*Douglas M. Brady*

Date Mar 6, 2002

Daytime Phone # 303 296 8306

Typed or printed name of signing Managing Member/Manager

✓ Douglas M. Brady