

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

00000015245

FILED

03 MAR -5 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000015245

Name and Mailing Address

0010510 01 FP 0.352 **PRSRT H9 0 0615 34711-855105



SUNSET PROPERTIES, L.L.C.
12005 GARNET DR.
CLERMONT FL 34711-8551



2. New Mailing Address 10041 JACARANDA AVE. City, State, Zip CLERMONT, FL 34711		4. State/Country of Formation FL	
3. New Principal Place of Business Address 10041 JACARANDA AVE. City, State, Zip CLERMONT, FL 34711		5. Date Organized or Quantified To Do Business in Florida 12/11/2000	
Principal Place of Business 12005 GARNET DR. CLERMONT FL 34711		6. FEI Number 59-3687769 Applied For Not Applicable	
8. Name and Address of Current Registered Agent GODFREY, JOSEPH P III 12005 GARNET DR. CLERMONT FL 34711		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name SAME - JOSEPH P GODFREY, III Street Address (P.O. Box Number is Not Acceptable) 10041 JACARANDA AVE City CLERMONT FL Zip Code 34711			
10. 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 <u>[Signature]</u> Date <u>2/25/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GODFREY, JOSEPH F III	12005 GARNET DRIVE 10041 JACARANDA AVE	CLERMONT FL 34711
MGR	GODFREY, CONNIE M	12005 GARNET DRIVE 10041 JACARANDA AVE	CLERMONT FL 34711
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REINSTATEMENT 2002-2003 BIR			

12. 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 [Signature] Date 2/25/03 Daytime Phone # 352-242-9949

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)