

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 13 PM 1:03

DOCUMENT # LO10000003632

1. Limited Liability Company's Name

Sunrise Auto Sales LLC

2. Principal Office Address

309 s. Federal hwy

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

Martin

3. Mailing Office Address

309 s. federal hwy

Suite, Apt. #, etc.

City & State

stuart, FL

Zip

34994

Country

Martin

800028698268

02/13/04--01017--001 **205.00

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/10/01

6. FEI Number

65-1091538

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

Dennis J. Viner

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

18245 131st. trail n.

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33478

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

Dennis J. Viner

Date 1/1/04

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
mgr	Roy Rounseville	1130 Chapman way #505	Palm city, FL 34990
mgr	Angelena Viner	18245 131st. trail north	Jupiter, FL 33478

REINSTATEMENT

03-04-05
dca

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

Angelena Viner

Date 1/1/2004

Daytime Phone # 772-286-9991

Typed or printed name of signing Managing Member/Manager

Angelena Viner

CR2E041 (10/02)