

LO10000004619

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 21 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

DOCUMENT # LO100000 4619

1. Limited Liability Company's Name

SUNSHINE PREPAID DISTRIBUTION LLC

100016378661

04/21/03--01035--025 \*\*205.00

4/21 2002-2003

2. Principal Office Address

1215 W. NEWPORT CTR DR

Suite, Apt. #, etc.

3. Mailing Office Address

1215 W. NEWPORT CTR DR

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

Country

33442 BROWARD

Zip

Country

33442 BROWARD

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

59-3707 469

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

MARKATIA, MOHAMMED A

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

1215 W. NEWPORT CTR DR

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33442

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

1 M. A. Markatia

REGISTERED AGENT MUST SIGN

Date

4.14.3

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
CEO	MARKATIA, M. A.	1215 W. NEWPORT CTR DR	DEERFIELD BEACH FL 33442

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

1 M. A. Markatia

Date

4.14.3

Daytime Phone #

954-418-8620

Typed or printed name of signing Managing Member/Manager

CR2041 (10/02)