

L0100006060

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

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DOCUMENT # L01000006060

1. Limited Liability Company's Name

Sunrise Hotel Management LLC

REINSTATEMENT

2002-2003

2. Principal Office Address

6286 N.W. 23rd Street

3. Mailing Office Address

6286 N.W. 23rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

4/19/01

6. FEI Number

59-3716641

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33434

Country

USA

Zip

33434

Country

USA

**8. Name and Address of Current Registered Agent**

Name

Prakash Patel

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

6286 N.W. 23rd. Street

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33434

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

*Prakash Patel*

REGISTERED AGENT MUST SIGN

Date

3 April 2003

**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
MGM	Prakash Patel	6286 N.W. 23rd. Street	Boca Raton, FL 33434
		2002-2003	
	REINSTATEMENT		

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

*Prakash Patel*

Date

Daytime Phone#

561-470-2422

Typed or printed name of signing Managing Member/Manager

Prakash Patel

CR2E041 (10/02)