

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000010012

Name and Mailing Address

0011237 01 AT 0.292 \*\*AUTO T2 1 0615 34741-322164



SUN RESORTS SERVICES LLC  
1964 N JOHN YOUNG PKWY  
KISSIMMEE FL 34741-3221

FILED

03 OCT 03 10 00 AM '03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

1964 N JOHN YOUNG PKWY  
KISSIMMEE FL 34741

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

06/18/2001

6. FEI Number

59-3728755

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

WOODS, JONATHAN D ESQ.  
425 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, do hereby with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date 10/27/03

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

FREY, CHARLES C

1964 N JOHN YOUNG PKWY

KISSIMMEE FL 34741

700024328817  
10/31/03--01022--019 \*\*155.00

REINSTATEMENT

03 cus  
dca

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 REQUIRED**

Date 10/27/03 Daytime Phone # 407-4832121

Typed or printed name of signing Managing Member/Manager