L01000010371

# Florida Department of State
Division of Corporations
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## LIMITED LIABILITY REINSTATEMENT

**SUNRISE OKEECHOBEE PROPERTIES, LLC**

| | |
|---|---|
| Certificate of Status | 1 |
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**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000010371

**1.** Limited Liability Company's Name
SUNRISE OKEECHOBEE PROPERTIES, LLC

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 5316 STATELY OAKS ST | 5316 STATELY OAKS ST |
| Suite, Apt. #, etc | Suite, Apt. #, etc |
| FORT PIERCE, FL | FORT PIERCE, FL |
| Zip: 34981 Country: USA | Zip: 34981 Country: USA |

**4.** State/Country of Formation: FLORIDA

**5.** Date Organized or Qualified To Do Business in Florida: 06/26/2001

**6.** FEI Number: 65-1115694 ☐ 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: KINDRED, THOMAS R. L.

Street Address (P.O. Box Number is Not Acceptable): 5316 STATELY OAKS ST

Suite, Apt. #, Etc.

City: FORT PIERCE | State: FL | Zip Code: 34981

**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: _____ Date: NOVEMBER 25, 2002
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

**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 | KINDRED, THOMAS R. L. | 5316 STATELY OAKS ST | FORT PIERCE, FL 34981 |
| | | | |
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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 608.408, 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: _____ Date: 11/25/2002 Daytime Phone #: 772-461-3747

Typed or printed name of signing Managing Member/Manager: THOMAS R. L. KINDRED, MANAGER