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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

SUNRISE OKEECHOBEE PROPERTIES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	012
Estimated Charge	\$155.00

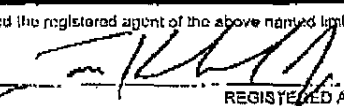
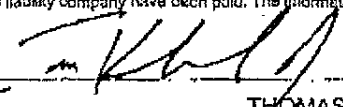
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 5316 STATELY OAKS ST Suite, Apt. #, etc.		3. Mailing Office Address 5316 STATELY OAKS ST Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA	
City & State FORT PIERCE, FL		City & State FORT PIERCE, FL		5. Date Organized or Qualified To Do Business in Florida 06/26/2001	
Zip 34981	Country USA	Zip 34981	Country USA	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 605, F.S.					
Signature of Registered Agent 				Date NOVEMBER 25, 2002	
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	KINDRED, THOMAS R. L.	5316 STATELY OAKS ST		FORT PIERCE, FL 34981	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.400, 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	
Typed or printed name of Signing Managing Member/Manager THOMAS R. L. KINDRED, MANAGER				Daytime Phone # 772-461-3747	

H02000231593 3