

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1662

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 28 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020446

1. Limited Liability Company's Name

**SUNSHINE PROPERTIES OF CLEARWATER,
LLC**

900038939569

07/09/04--01051--002 **100.00

2. Principal Office Address

1603 BONAIR STREET

Suite, Apt. #, etc.

3. Mailing Office Address

46 N. WASHINGTON BLVD.

Suite, Apt. #, etc.

SUITE 1

City & State

CLEARWATER FL

Zip

33755

Country

City & State

SARASOTA, FL

Zip

34236

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/21/01

6. FEI Number

01-0597684

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

LPS CORPORATE SERVICES, INC.

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

46 N. WASHINGTON BLVD.,

Suite, Apt. #, Etc.

SUITE 1

City

SARASOTA

State

FL

Zip Code

34236

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

E. ZACHARY RANS, as Vice President

Date

6/18/04

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	TONI BRAY	1603 BONAIR STREET	CLEARWATER FL 33755

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

Toni Bray

Date

6/18/04

Daytime Phone #

727-424-9461

Typed or printed name of signing Managing Member/Manager

TONI BRAY, Manager

CR/2041 (10/02)

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SUNSHINE PROPERTIES OF CLEARWATER, LLC
1603 BONAIR STREET
CLEARWATER, FLORIDA 33755

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 18, 2004

Florida Department of State
Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

Re: Sunshine Properties of Clearwater, LLC
Document No. L01000020446

Dear Sir or Madam:

It has come to our attention that the referenced company has been dissolved for failure to file its 2003 Annual Report. Enclosed please find the Limited Liability Company Reinstatement for the referenced Florida company. Please be advised that we did not receive the 2003 Annual Report nor did we receive any other notification that the company would be dissolved in 2003. It is my understanding from your office, if we did not receive the Report we would not be liable for the reinstatement fee but would have to state this fact in writing. Therefore, we are requesting that the reinstatement fee be waived at this time since we did not receive the 2003 Annual Report. Our check in the amount of \$100.00 to cover the filing fee for 2003 and 2004 is enclosed. Please accept this and file the Reinstatement accordingly. If you have any questions, I can be reached at 727-424-9461.

Thank you.

Sincerely,

Toni Bray

Toni Bray
Manager