

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 21 AM 8:21

**DOCUMENT #**

1. Limited Liability Company's Name

SUNCOAST DIRECT TV, LLC  
L02000005294

2. Principal Office Address

4152 West Blue Heron Boulevard

3. Mailing Office Address

4152 West Blue Heron Boulevard

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33404

Country

USA

Zip

33404

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

03-06-2002

6. FEI Number

71-0869090

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

Richard G. Cherry

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

8409 N. MILITARY TRAIL

Suite, Apt. #, Etc.

Suite 123

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

*Richard G. Cherry*

Date 12-19-2006

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
MGRM	STEVEN T. HARKEY	4152 West Blue Heron Blvd Ste 104	West Palm Beach, FL 33404
MGRM	ANTHONY NOTARO SR.	4152 West Blue Heron Blvd Ste 104	West Palm Beach, FL 33404
MGRM	KB ROOST ENTERPRISES, LLC	4152 West Blue Heron Blvd Ste 104	West Palm Beach, FL 33404

REINSTATEMENT 03-06

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12/21/06--01038--001 \*\*300.00

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

*Richard G. Cherry*

Date 12-19-2006

Daytime Phone# 561-471-7767

Typed or printed name of signing Managing Member/Manager

Richard G. Cherry, as Attorney in Fact for Steven T. Harkey