

02000015840

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 30 PM 12:47

DOCUMENT # L02000015840

1. Limited Liability Company's Name

Sunshine State Franchise, LLC

REINSTATEMENT 2003-2004

2. Principal Office Address

4949 SR 64 East

3. Mailing Office Address

4949 SR 64 East

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34208

Country

USA

Zip

34208

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/20/2002

6. FEI Number

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

Denise Cabanillas, Cabanillas and Associates

000034825100

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

1109 9th Avenue West

04/30/04--01026--022 \*\*\$100.00

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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

Denise Cabanillas, President

Date

3/14/04

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	Curtis Collins	4949 SR 64 East, #104	Bradenton, FL 34208

300025819703

12/29/03--01058--014 \*\*\$150.00

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 608.408, 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

3/8/04

Daytime Phone # 941/518-4993

Typed or printed name of signing Managing Member/Manager

Curtis Collins