

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

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DOCUMENT # LO2000021030

1. Limited Liability Company's Name

Sunshine Palm Consulting LLC

2. Principal Office Address

3600 Frantz Rd

Suite, Apt. #, etc.

City & State

Miami Florida

Zip 33133

Country

USA

3. Mailing Office Address

3600 Frantz Rd

Suite, Apt. #, etc.

City & State

Miami Florida

Zip 33133

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

8/16/2002

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

Dennis Sidi

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

3600 Frantz Rd

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

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

[Signature]
REGISTERED AGENT MUST SIGN

Date Jan 10, 2006

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
<u>Mr</u>	<u>Freddy Sidi JR</u>	<u>3600 Frantz Rd</u>	<u>Miami, FL 33133</u>

REINSTATEMENT 03-06

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

[Signature]

Date

1-10-6

Daytime Phone #

Typed or printed name of signing Managing Member/Manager