

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

05 JUN 30 AM 9:12

DOCUMENT # **L02000023212**

1. Limited Liability Company's Name

SUNRISE ENTERPRISES LLC

500057095275

07/06/05--01060--001 **100.00

REINSTATEMENT 03-05

2. Principal Office Address

5950 Lakehurst Drive

Suite, Apt. #, etc.

213

City & State

Orlando, Florida

Zip

32819

Country

USA

3. Mailing Office Address

1606 148th Ave., SE

Suite, Apt. #, etc.

250

City & State

Bellevue, Washington

Zip

98007

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

9/6/2002

6. FEI Number

47-0889535

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

MEG PAULITE

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

5950 Lakehurst Drive

Suite, Apt. #, Etc.

213

City

Orlando

State

FL

Zip Code

32819

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

5/27/05

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
Member	Jasmin C. Labiang	15959 NE 1st Street	Bellevue, WA 98008
Member	Augusto C. Labiang	15959 NE 1st Street	Bellevue, WA 98008
Member	Fritz P. Magluyan	15959 NE 1st Street	Bellevue, WA 98008

07/06/05--01060--001 **100.00

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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

5/31/05

Daytime Phone #

(425) 373-9741

Typed or printed name of signing Managing Member/Manager