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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L02000024384**

APPLICANT IN REINSTATEMENT OF LIMITED LIABILITY COMPANY OF THE STATE OF FLORIDA

Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 22 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024384

Name and Mailing Address

0005059 01 AT 0.292 \*\*AUTO T1 0 0615 33040-660829

SUNSET CIGAR CO. OF KEY WEST, LLC

629 DEY STREET

KEY WEST FL 33040-6608



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/19/2002	
Principal Place of Business 306 FRONT STREET KEY WEST FL 33040	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 06-1655830	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent THE SMITH LAW FIRM 333 FLEMING STREET KEY WEST FL 33040	9. Name and Address of New Registered Agent Name Street Address City FL Zip Code
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**REINSTATEMENT** 2003

10. 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] **SIGNATURE REQUIRED** Date OCT 20 2003  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SULLIVAN, STEVEN	112 FITZPATRICK STREET 629 DEY ST	KEY WEST FL 33040

7000024281787  
10/30/03--01017--008 \*\*150.00

[Signature]

12. 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 10/20/03 Daytime Phone # 305-295-0600

Typed or printed name of signing Managing Member/Manager: \_\_\_\_\_

CR2E084 (7/03)