

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -4 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000031049

1. Limited Liability Company's Name

SON LIGHT MANAGEMENT COMPANY, LLC

2. Principal Office Address

10910 SW 58TH AVE. RD.

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34476

Country

3. Mailing Office Address

10910 SW 58TH AVE. RD.

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34476

Country

4. State/Country of Formation

Florida Marion

5. Date Organized or Qualified
To Do Business in Florida

2003

6. FEI Number

34-196-3992

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

MARY K. LAWROSKI

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

10910 S.W 58th Ave Rd.

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34476

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

MARY K. LAWROSKI

REGISTERED AGENT MUST SIGN

Date

1/7/04

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
MEM	Greg Lawroski	10910 S.W 58th Ave Rd.	OCALA FL 34476
MEM	Mary Lawroski	10910 S.W 58th Ave Rd.	OCALA FL 34476
MEM	Rick Onorato	11850 Mayfield Rd.	Chardon Ohio 44024
MEM	Kathy Onorato	11850 Mayfield Rd.	Chardon Ohio 44024

REINSTATEMENT 2003-2004

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

MARY K. LAWROSKI

Date

1/7/04

Daytime Phone #

352-873-3222 FAX
352-578-4747

Typed or printed name of signing Managing Member/Manager

MARY K. LAWROSKI