

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 DEC 14 AM 11:13

DOCUMENT # L03000011045

1. Limited Liability Company's Name

SUN-FLO VEND, LLC

CR2E041 (8/05)

2. Principal Office Address

2940 NE 188 ST

Suite, Apt. #, etc.

City & State

AVENTURA, FL

Zip Country  
33180 US

3. Mailing Office Address

2940 NE 188 ST

Suite, Apt. #, etc.

City & State

AVENTURA, FL

Zip Country  
33180 US

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified  
To Do Business in Florida

03/27/2003

6. FEI Number

14-1878029

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

HECTOR MEDEROS

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

2940 NE 188 ST

Suite, Apt. #, Etc.

City

AVENTURA

State

FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Date 10/20/06

**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
MGRM	HECTOR MEDEROS	2940 NE 188 ST	AVENTURA, FL 33180
MGRM	ORESTE GUERCIO	2940 NE 188 ST	AVENTURA, FL 33180
			100081115591
			10/23/06--01037--021 **200.00
			REINSTATEMENT 05-06

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

Date 10/20/06

Daytime Phone # 7542043575

Typed or printed name of signing Managing Member/Manager