

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -8 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO 3000037 330**

1. Limited Liability Company's Name

Sunflower Investments LLC

2. Principal Office Address

**410 Santiago Street,
Fortune International**

Suite, Apt. #, etc.

1300 Brickell Ave.

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Office Address

**410 Santiago Street
Fortune International**

Suite, Apt. #, etc.

1300 Brickell Ave.

City & State

MIAMI FL

Zip

33131

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

9/30/2003

6. FEI Number

20-1245774

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

MILAGROS SANCHEZ

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

1300 Brickell Ave.

Suite, Apt. #, Etc.

MIAMI FL

City

State

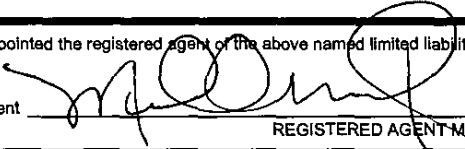
FL

Zip Code

33131

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

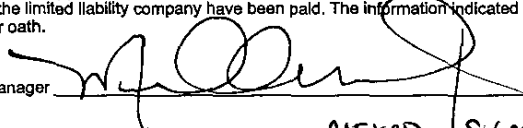
10-22-04

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
Mgr	ALFRED SVENSON	1300 Brickell Ave.	miami, FL 33131
Mgr	Carl Alexander Svenson	1300 Brickell Ave	miami, FL 33131
Mgr	Teresa Ingrid Svenson	1300 Brickell Ave	miami, FL 33131
<div style="display: flex; justify-content: space-between;"> <div> REINSTATEMENT 2004 </div> <div> 800042570538 11/08/04--01066--002 **155.00 </div> </div>			

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 **10/22/04**

Daytime Phone# **305/351/1000**

Typed or printed name of signing Managing Member/Manager **ALFRED SVENSON**

CR2ED041 (10/02)