

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN 12 PM 2:28

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000080816

1. Limited Liability Company's Name

Sunnyflor LLC

2. Principal Office Address - No P.O. Box #

11941 West Bayou Ct

Suite, Apt. #, etc.

3. Mailing Office Address

11941 West Bayou Ct

Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

Crystal River, FL

Zip

34429

Country

USA

Zip

34429

Country

USA

CR2E041 (12/07)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/3/04

6. FEI Number

90-0282005

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

Richard E English CPA PA

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

4 NE 3 St

Suite, Apt. #, Etc.

City

Crystal River

State

FL

Zip Code

34429

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

4/9/08

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Lieuw, Jolande	Casellastraat 1B	Eindhoven 5654SH The Netherlands
MGRM	van der Meijs, Henricus	Bastion 50	Veldhoven 5590MJ The Netherlands

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06/10/08--01021--003 **555.00

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 608.408, 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

May 30, 2008

Daytime Phone #

352-795-6652

Typed or printed name of signing Managing Member/Manager

LIEUX, JOLANDE