

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LD 4000088490

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT -6 PM 3:15
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT #

1. Limited Liability Company's Name

Sunguest Investment of
Florida LLC *OS*

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

8224 NW 115 Ct

Suite, Apt. #, etc.

3. Mailing Office Address

8224 NW 115 Ct

Suite, Apt. #, etc.

City & State

Doral FL

City & State

Doral FL

Zip

33178

Country

Dade

Zip

33178

Country

Dade

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Noriebela Santana *BK*

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

8224 NW 115 Ct

Suite, Apt. #, Etc.

City

Doral FL

State

FL

Zip Code

33178

☒ 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 10-3-08

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
H&B	Francisco Santana	8224 NW 115 Ct	Doral FL 33178
H&B	Noriebela Santana	8224 NW 115 Ct	Doral FL 33178

REINSTATEMENT 2007-2008

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10/14/08--01004--014 **138.75

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 10-3-08 Daytime Phone # (305) 305-5708

Typed or printed name of signing Managing Member/Manager