

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L05000007707

1. Limited Liability Company's Name

OCEAN SUNTAN, LLC

FILED
08 JAN 23 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ML

CR2E041 (12/07)

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

4045 SHERIDAN AVENUE

Suite, Apt. #, etc.

#257

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

3. Mailing Office Address

P.O. BOX 3755

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33402

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/25/2005

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

CORPORATE CREATIONS NETWORK, INC.

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

11380 PROSPERITY FARMS ROAD

Suite, Apt. #, Etc.

#221E

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

☒ 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

Taide Baez, VP
REGISTERED AGENT MUST SIGN

Date **01/23/08**

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
MGR	MICHAEL S MURACO	P.O. BOX 3755	WEST PALM BEACH FL 33402
			800116460178
			01/20/08--01034--011 **416.2

REINSTATEMENT 2006-2008

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

A. Howard

Date

01/23/08

Daytime Phone # 561-694-8107

Typed or printed name of signing Managing Member/Manager **MICHAEL S MURACO by Angela Howard as attorney in fact**