

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 17 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT #

L05000009815

1. Limited Liability Company's Name

P & P SUNNY LLC

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

9543 CAMPI DR

Suite, Apt. #, etc.

3. Mailing Office Address

9543 CAMPI DR

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33467

Country

W.P.B.

Zip

33467

Country

W.P.B.

4. State/Country of Formation

FL WEST PALM BEACH

5. Date Organized or Qualified

To Do Business in Florida JAN 18 2005

6. FEI Number

L05000009815

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

PHU NGUYEN

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

9543 CAMPI DR

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

☒ 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 4-10-07

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	PHU NGUYEN	MGR 9543 CAMPI DR	LAKE WORTH FL 33467

800101774778
05/08/07--01010--015 **150.00

REINSTATEMENT 06-07

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**

[Signature]

Date 4-10-07 **Daytime Phone #** 581 436 8156

Typed or printed name of signing Managing Member/Manager