L05000015648

Florida Department of State
Division of Corporations
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To:
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Fax Number : (850)617-6383

RE-SUBMIT
Please retain original filing date of submission 4/25

From:
Account Name : C T CORPORATION SYSTEM
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
SUNRIDER PRODUCTIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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J. BRYAN

APR 27 2011
4/25/2011
EXAMINER

April 26, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUNRIDER PRODUCTIONS, LLC
2400 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131

SUBJECT: SUNRIDER PRODUCTIONS, LLC
REF: L05000015648

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) you have listed for the manager(s) or manager member(s) is/are not acceptable. You must insert the letters "MGR" for each manager or the letters "MGRM" for each managing member listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 APR 25 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000015648

1. Limited Liability Company's Name

SUNRIDER PRODUCTIONS, LLC

OREE041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
320 Sparta Avenue		320 Sparta Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		P. O. Box 853	
City & State		City & State	
Sparta, NJ		Sparta, NJ	
Zip	Country	Zip	Country
07871	USA	07871	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 2/15/2005

6. FEI Number: 20-2386359 ☐ 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: Robert H. Williams Jr.

Street Address (P.O. Box Number is Not Acceptable): 100 N.E. 20th Terrace

Suite, Apt. #, Etc.:

City: Deerfield Beach | State: FL | Zip Code: 33441

E-mail Address:

BobW@secable.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, hereby accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Date: 4/21/11

REGISTERED AGENT MUST SIGN

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	La Place Du Soleil Limited Partnership	320 Sparta Avenue, P. O. Box 853	Sparta, NJ 07871

REINSTATEMENT 2006-11

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 608.508, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: La Place Du Soleil Limited Partnership, by its General Partner. La Place Du Soleil, Inc. By: _____ Date: 4/21/11 Daytime Phone #: 973-729-9536

Typed or printed name of signing Managing Member/Manager: Robert H. Williams Jr.

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