

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN -8 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000045891

1. Limited Liability Company's Name

~~SUNLAND LLC~~ SUNLAND LLC
~~SUNLAND REAL PROPERTY, LLC~~

300138074063
11/19/08--01013--012 **277.50
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
907 SW GRAND RESERVE BLVD.

3. Mailing Office Address
907 SW GRAND RESERVE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT ST. LUCIE, FLORIDA

City & State
PORT ST. LUCIE, FLORIDA

Zip
34986-2344

Country
USA

Zip
34986-2344

Country
USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida 05/09/2005

6. FEI Number
202934778

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
JOHN VANEK

Street Address (P.O. Box Number is Not Acceptable)
907 SW GRAND RESERVE BLVD.

Suite, Apt. #, Etc.

City
PORT ST. LUCIE

State Zip Code
FL 34986-2344

☒ 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

REGISTERED AGENT MUST SIGN

Date 11/14/2008

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	JOHN VANEK	907 SW GRAND RESERVE BLVD.	PORT ST. LUCIE, FL 34986-2344
MGRM	MARY JANE VANEK	907 SW GRAND RESERVE BLVD.	PORT ST. LUCIE, FL 34986-2344

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

Date 11/14/2008 Daytime Phone # 772-979-6258

Typed or printed name of signing Managing Member/Manager JOHN VANEK