

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAY -6 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000047719

1. Limited Liability Company's Name

SUNNGLAND INVESTMENTS, LLC

100154590181
05/01/09--01002--013
CRZE041 (10/08) **416.25

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

10691 VERSAILLES BLVD

Suite, Apt. #, etc.

City & State

WELLINGTON

Zip

33449

Country

U.S.A

3. Mailing Office Address

10691 VERSAILLES BLVD

Suite, Apt. #, etc.

City & State

WELLINGTON

Zip

33449

Country

U.S.A

4. State/Country of Formation

FLORIDA, U.S.A

**5. Date Organized or Qualified
To Do Business in Florida**

05/13/2005

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

SHAHID N. CHOWDHURY

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

10691 VERSAILLES BLVD

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33449

☒ 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**

Shahid N. Chowdhury

Date

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
MGR	SHAHID N. CHOWDHURY		
MGR	SHAHID N. CHOWDHURY	10691 VERSAILLES BLVD	WELLINGTON, FL 33449
MGR	SHAMSER N. CHOWDHURY	10691 VERSAILLES BLVD	WELLINGTON, FL 33449
MGR	SHAMSAD BEGUN	10691 VERSAILLES BLVD	WELLINGTON, FL 33449
REINSTATEMENT-07-08-09			

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**

Shamsad Begun

Date

4/27/09

Daytime Phone #

(561) 351-5497

Typed or printed name of signing Managing Member/Manager

C.S.