

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 APR 21 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000053459

1. Limited Liability Company's Name
SUNSHINE PLAZA, LLC

2. Principal Office Address - No P.O. Box #
2911 UNIVERSITY ACRES DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address
2911 UNIVERSITY ACRES DRIVE

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip Country
32817 USA

Zip Country
32817 USA

CR2E041 (1/14)

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 05/31/2005

6. FEI Number Applied For
16-1755864 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
HOA VU

Street Address (P.O. Box Number is Not Acceptable) Suite,
2911 UNIVERSITY ACRES DRIVE

Apt. #, Etc.

City State Zip Code
ORLANDO FL 32817

500284873585
04/21/16-01013-007 **1076.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 13 Apr 2016

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CEO	VU, HOA 2911 UNIVERSITY ACRES DR. ORLANDO, FL 32817		
REINSTATEMENT			S. HAWKES
2010-2016			APR 25 AM
			EXAMINER

11. E-mail Address: hoavuusa@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

13 Apr 2016

Daytime Phone #

407-421-1674

Typed or printed name of signing authorized representative/member

HOA VU