

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 FEB -9 AM 10:44

DOCUMENT # **L05000083997**

1. Limited Liability Company's Name

**Lucky SUNDAY, LLC**

**300168241683**  
02/08/10--01062--002 \*\*655.00  
CR2E041 (10/09)

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

**6195 SW 97th Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

4. State/Country of Formation

**FL/USA**

5. Date Organized or Qualified  
To Do Business in Florida

**08/24/2005**

6. FEI Number

**830437444**

☐ Applied For

☐ Not Applicable

\$5.00 Additional Fee  
required for a  
Certificate of Status

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

**SALLY GONZALEZ**

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

**6195 SW 97th Avenue**

Suite, Apt. #, Etc.

City **MIAMI**

State  
**FL**

Zip Code  
**33173**

☐ 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 recieved  
and requesting the \$100 reinstatement fee 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

*Sally Gonzalez*

REGISTERED AGENT MUST SIGN

Date **01/15/2010**

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
<b>P</b>	<b>SALLY GONZALEZ</b>	<b>6195 SW 97th Avenue</b>	<b>MIAMI, FL 33173</b>

**REINSTATEMENT 2007-2010**

11. E-mail Address: **SGonz225@MSN.COM**

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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

*Sally Gonzalez*

Date **01/15/2010**

Daytime Phone #

**(305) 528-4471**

Typed or printed name of signing Managing Member/Manager

**SALLY GONZALEZ**