

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**Apr 10, 2008 8:00 A.M.**  
**Secretary of State**

**DOCUMENT #**

**1. Limited Liability Company's Name**

Sundance Ventures, LLC  
L05000094927

*JK*

9001227684 79  
04/10/08--01001--013 \*\*546.25

CR2E041 (12/07)

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

350 Ridgewood Rd

Suite, Apt. #, etc.

**3. Mailing Office Address**

350 Ridgewood Rd

Suite, Apt. #, etc.

**City & State**

Key Biscayne, FL

Zip

33149

Country

USA

**City & State**

Key Biscayne, FL

Zip

33149

Country

USA

**4. State/Country of Formation**

Florida/USA

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

9/27/2005

**6. FEI Number**

26-2355533

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

Corpdirect Agents Inc

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

515 East Park Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

*Madlock, Asst. Sec.*

REGISTERED AGENT MUST SIGN

Date

4/9/08

**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	Kim Vernon	350 Ridgewood Rd	Key Biscayne, FL 33149
MGR	Harcourt Vernon III	350 Ridgewood Rd	Key Biscayne, FL 33149

**REINSTATEMENT**

2006-2008

**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

*Kim Vernon*

Date

4/8/08

Daytime Phone #

305 987-5603

Typed or printed name of signing Managing Member/Manager

Kim Vernon