

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **LO6000023894**

1. Limited Liability Company's Name

Sonlight Development, LLC

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

2305 Hill Street

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

32169

Country

United States

3. Mailing Office Address

2305 Hill Street

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

32169

Country

United States

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

03/06/2006

6. FEI Number

20-5052493

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Lawrence L. Kraker

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

2305 Hill Street

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32169

400270011774  
01/21/15--01027--005 \*\*243.75

400270011774  
02/26/15--01023--009 \*\*133.75

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **1-14-15**

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
MMGR	Lawrence L. Kraker	2305 Hill Street	New Smyrna Beach, FL 32169

**REINSTATEMENT**

FEB 26 2015

R. HUNT

11. E-mail Address: **L.Kraker@aol.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*[Signature]*

Date **1-14-15**

Daytime Phone # **386-689-1776**

Typed or printed name of signing Authorized Representative/Manager **Lawrence L. Kraker**