

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2012 JAN 19 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000040658

1. Limited Liability Company's Name

Sunset Grill L.L.C.

CR2E041 (1/11)

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

900 South Collier Blvd

Suite, Apt. #, etc.

#500

City & State

Marco Island, FL

Zip

34145

Country

USA

3. Mailing Office Address

900 South Collier Blvd.

Suite, Apt. #, etc.

#500

City & State

Marco Island, FL

Zip

34145

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

04/19/2006

6. FEI Number

204126453

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  
Keith D. Reeves

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

150 Sandhill Street

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

E-mail Address:

01/09/12--01012--015 \*\*243.75

300217394273

01/09/12--01012--015 \*\*243.75  
sunsetgrill@marcocable.com

(To be used for future annual report notices)

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

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
MGRM	Keith D. Reeves	150 Sandhill St.	Marco Island, FL 34145

300217394273  
01/20/12--01002--003 \*\*272.50

REINSTATEMENT 10-12

OK 1-20-12

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. 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 Managing  
Member/Manager

Date 1/5/2012

Daytime Phone # 239-389-0509

Typed or printed name of signing Managing Member/Manager Keith D. Reeves