

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 APR 20 AM 10:49

DOCUMENT # **L06000081404**

1. Limited Liability Company's Name

SUNDER MASKIN, LLC

900167918669
02/03/10--01036--003 **377.50
CR2E041 (11/09)

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

2852 PAIGE DR

3. Mailing Office Address

2852 PAIGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34741

Country

USA

Zip

34741

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

08/17/2006

6. FEI Number

205395662

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

DEEPTJOT KAUR

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

2852 PAIGE DRIVE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **01/30/10**

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	DEEPTJOT KAUR	2852 PAIGE DRIVE	KISSIMMEE, FL 34741

REINSTATEMENT 2009-2010

900167918669
04/21/10--01004--005 **138.75

11. E-mail Address: **LOOPBARNIES@HOTMAIL.COM**

(To be used for future annual report notifications)

12. 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

[Signature]

Date **01/30/10**

Daytime Phone #

407-729-8754

Typed or printed name of signing Managing Member/Manager

DEEPTJOT KAUR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 APR 20 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 10, 2010

SUNDER MASKIN, LLC
2852 PAIGE DR
KISSIMMEE, FL 34741

SUBJECT: SUNDER MASKIN, LLC
Ref. Number: L06000081404

We have received your document for SUNDER MASKIN, LLC and check(s) totaling \$377.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 310A00003434