

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 APR 16 PM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500217050875
01/06/12--01034--001 **238.75

CR2E041 (1/11)

DOCUMENT # L06000104958

1. Limited Liability Company's Name

Viera Sun, LLC

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

12402 Benson Branch Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ellicott City, MD

City & State

Zip

21042

Country

USA

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

10/31/06

6. FEI Number

20-5800046

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

Eric Enrique P.A.

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

836 Executive Lane

Suite, Apt. #, Etc.

120

City

Rockledge, FL 32955

State

FL

Zip Code

32955

E-mail Address:

500217050875

02/07/12--01025--025 **693.75

SKymt farm@aol.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

REGISTERED AGENT MUST SIGN

Date 12/28/11

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.	<u>Jaqueline F. Clark</u>	<u>12402 Benson Branch Road</u>	<u>Ellicott City, MD 21042</u>
	<u>APR 17 2012</u>		
	<u>L. SELLERS</u>	<u>REINSTATEMENT</u>	<u>07-12</u>

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 608.408, 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 12/20/11

Daytime Phone # 443-474-7227

Typed or printed name of signing Managing Member/Manager

Jaqueline F. Clark