

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 18 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000119978

1. Limited Liability Company's Name

honey mountain llc

CR2E041 (1/11)

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

2000 nw 70th avenue

Suite, Apt. #, etc.

3. Mailing Office Address

3810 rose street

Suite, Apt. #, etc.

City & State

miami, florida

City & State

schiller park, illinois

Zip

33122

Country

usa

Zip

60176

Country

usa

4. State/Country of Formation

florida

5. Date Organized or Qualified

To Do Business in Florida 12/18/2006

6. FEI Number

52-1469354

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

CT Corporation System

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

1200 S. Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

E-mail Address:

600235292946

05/18/12--01028--019 **793.75

john@sun-belle.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

Kelly Halford
REGISTERED AGENT MUST SIGN

Kelly Halford

Assistant Secretary

Date 05/11/2012

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	JOHN HEDGES	3810 ROSE STREET	SCHILLER PARK IL 60176

REINSTATEMENT 08-12

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

[Signature]

Date

5/8/12

Daytime Phone #

788 343 4545 x1

Typed or printed name of signing Managing Member/Manager