

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

11 APR 11 AM 9:28

DOCUMENT # L07000046303

1. Limited Liability Company's Name

Sunshine Capital LLC

900199869439
03/30/11--01037--005 ***655.00
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
200 SE 1st Street

Suite, Apt. #, etc.
601.2

City & State
Miami, FL

Zip Country
33131 USA

3. Mailing Office Address
200 SE 1st Street

Suite, Apt. #, etc.
601.2

City & State
Miami, FL

Zip Country
33131 USA

4. State/Country of Formation
USA

5. Date Organized or Qualified
To Do Business in Florida 05/02/2007

6. FEI Number ☐ 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
Jason Kumpf

Street Address (P.O. Box Number is Not Acceptable)
200 SE 1st Street

Suite, Apt. #, Etc.
601.2

City State Zip Code
Miami FL 33131

E-mail Address:

jwkumpf@yahoo.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 3/28/2011

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
MRG	Jason Kumpf	200 SE 1st Street Suite 601.2	Miami, FL 33131

REINSTATEMENT 2008 - 2011

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 03/28/2011

Daytime Phone # 305 924 3661

Typed or printed name of signing Managing Member/Manager Jason Kumpf

T. Hampton APR 12 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 APR 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 31, 2011

SUNSHINE CAPITAL LLC
200 SE 1ST ST
601.2
MIAMI, FL 33131

SUBJECT: SUNSHINE CAPITAL LLC
Ref. Number: L07000046303

We have received your document for SUNSHINE CAPITAL LLC and your check(s) totaling \$655.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with 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
Registration/Qualification Section

Letter Number: 611A00007822