

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000058446

1. Limited Liability Company's Name

SUNSHINE PILOT, LLC

800180260988
05/04/10--01008--020 **\$16.25

CR2E041 (11/09)

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

20040 GULF BLVD #202

3. Mailing Office Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIAN SHORES FL

City & State

Zip

33785

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/4/2007

6. FEI Number

26-0562956

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

WILLIAM L. WHITACRE

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

730 MOJAVE TRAIL

Suite, Apt. #, Etc.

M

City

MAITLAND FL

State

FL

Zip Code

32751

☐ 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 4/10/2010

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	ASHER GIL	20040 GULF BLVD #202	INDIAN SHORES FL 33785
MGR	PATRICIA C. GIL	20040 GULF BLVD #202	INDIAN SHORES FL 33785
MGR	DAVID L. GIL	20040 GULF BLVD #202	INDIAN SHORES FL 33785

REINSTATEMENT-08-10

11. E-mail Address: ASHER @ AURIC FILMS.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

4/10/2010

Daytime Phone #

727.743.4648

Typed or printed name of signing Managing Member/Manager

A.S.