

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000061385

1. Limited Liability Company's Name

SUNSTATE ASSET MANAGEMENT, LLC

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

205 S. SCOTT AVE.

Suite, Apt. #, etc.

City & State

SANFORD, FLORIDA

Zip

32771

Country

USA

3. Mailing Office Address

P.O. BOX 47

Suite, Apt. #, etc.

City & State

SANFORD, FLORIDA

Zip

32772

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified

To Do Business in Florida **06/11/2007**

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC

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

12000 N. DALE MABRY HIGHWAY

Suite, Apt. #, Etc.

3110

City

TAMPA

State

FL

Zip Code

33618

☒ 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

REGISTERED AGENT MUST SIGN

Date **12/19/2008**

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	DANIEL M. BLAKE	205 SCOTT AVE.	SANFORD, FL 32771
MGRM	BECKY S. BLAKE	205 SCOTT AVE.	SANFORD, FL 32771

REINSTATEMENT - 08

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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.

Signature of
Managing Member/Manager

Date

12/22/08

Daytime Phone # **321-279-2800**

Typed or printed name of signing Managing Member/Manager **DANIEL M. BLAKE**

Becky S. Blake