

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR 15 PM 1:27

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TALLAHASSEE FLORIDA

DOCUMENT # 607000074099

1. Limited Liability Company's Name

Sunrise Seafood International

400271840234
04/16/15--01001--004 **660.00

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

2751 West Atlantic Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

7501 NW 12th Street
Suite, Apt. #, etc.

City & State

Pompano FL
Zip Country

33069 USA

City & State

Plantation FL
Zip Country

33313 USA

8. Name and Address of Current Registered Agent

Name

DESHAUN BOYCE

Street Address (P.O. Box Number & Not Acceptable) Suite,

7501 NW 12th Street

Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33313

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

260551129

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

APR 15 2015

L. SELLERS

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Deshaun Boyce

Date

4-15-2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MEM	DESHAUN BOYCE	7501 NW 12th Street	Plantation FL, 33313
MEM	DEIVIDAS ANTUCHAS	8065 PELICAN HARBOUR DR	LAKE WORTH FL, 33467
MEM	NERIJUS VARNAVICIUS	4751 NW 9th AVE	DEERFIELD BEACH FL, 33064

REINSTATEMENT 2012-2015

11. E-mail Address SunriseSeafoodInc@YPH00.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Deshaun Boyce

Date

4-15-2015

Daytime Phone #

786-877-3285

Typed or printed name of signing authorized representative/member

DESHAUN BOYCE