

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000076288

1. Limited Liability Company's Name
SUNSHINE ALF, LLC

2. Principal Office Address - No P.O. Box #
6111 SW 32 STREET

Suite, Apt. #, etc.
#E

City & State
MIRAMAR, FL

Zip Country
33023 USA

3. Mailing Office Address
6111 SW 32 STREET

Suite, Apt. #, etc.
#E

City & State
MIRAMAR, FL

Zip Country
33023 USA

8. Name and Address of Current Registered Agent

Name
SALMON, SUZETTE

Street Address (P.O. Box Number is Not Acceptable) Suite,
6111 SW 32 STREET

Apt. #, Etc.
#E

City State Zip Code
MIRAMAR, FL 33023

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

Date **02/27/2017**

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
MGR	SALMON, SUZETTE	6111 SW 32 STREET #E	MIRAMAR/ FL/ 33023
MGR	SALMON, MICHELLE	6111 SW 32 STREET #E	MIRAMAR/ FL/ 33023

11. E-mail Address:

(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

Date **02/27/2017**

Daytime Phone # **954-394-7667**

Typed or printed name of signing authorized representative/member **SUZETTE SALMON**

FILED

2017 MAR -6 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

REINSTATEMENT 2008-17

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida **07/24/2007**

6. FEI Number
81-5364371

Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

300296329543
09/06/17--01012--018 **130.75

300296329543
12/30/16--01010--020 **1413.75