

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 13 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000078792

1. Limited Liability Company's Name

Sunshine Site Work by Larry Waters LLC

CR2E041 (10/09)

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

13295 83rd. St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

4. State/Country of Formation Indian River

5. Date Organized or Qualified
To Do Business in Florida 8-01-07

City & State

Fellsmere FL.

City & State

6. FEI Number

20-5570576

Applied For

Not Applicable

\$5.00 Additional Fee required
for a Certificate of Status

Zip Country

32948 USA

Zip Country

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name Larry Waters

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

13295 83rd. St.

Suite, Apt. #, Etc.

City Fellsmere

State

FL

Zip Code

32948

☒ 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 recieved and
requesting the \$100 reinstatement fee 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 Larry Waters

REGISTERED AGENT MUST SIGN

Date 11-5-09

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	Justin S. Waters		
mgr	Michael L. Simpkins		
REINSTATEMENT 08, 09			
100162646151			
11/09/09 01069 008 **277.SD			

11. E-mail Address: LarBear58@Hotmail.Com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided in Chapter 608, F.S.

I further cerfy 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 Larry Waters

Date 11-5-09 Daytime Phone # 772 473-6200

Typed or Printed name of signing Managing Member/Manager

772 473-6200

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