

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO7000107305

1. Limited Liability Company's Name

Sundancer Invest LLC

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

2013 Palaco Grande Pkwy

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip

33904

Country

Lee

3. Mailing Office Address

Po Box 100307

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip

33910

Country

Lee

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

Manfred Stettin

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

2013 Palaco Grande Pkwy

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

☐ 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 11-30-09

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
<u>mgr</u>	<u>Manfred Stettin</u>		
<u>mgr</u>	<u>Ines Moldenhauer</u>		

REINSTATEMENT 08, 09

11. E-mail Address: CAPEVACATION@HOTEL90.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

Date 11-30-09

Daytime Phone # 239 850 2828

Typed or printed name of signing Managing Member/Manager

NOV 2009 DEC - 8 2009