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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
RISING SUN VENTURES LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$382.50

$282.50

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DIVISION OF CORPORATION

G. MCLEOD

FEB - 8 2010

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L08000110856

1. Limited Liability Company's Name
RISING SUN VENTURES LLC

2. Principal Office Address
400 ALTON ROAD
Suite, Apt. #, etc.
#2804
City & State
MIAMI BEACH, FL
Zip 33139 Country USA

3. Mailing Office Address c/o PAGLEIBERMAN
400 ALTON ROAD
Suite, Apt. #, etc.
#2804
City & State
MIAMI BEACH, FL
Zip 33139 Country USA

4. State/Country of Formation
FLORIDA (U.S.A.

5. Date Organized or Qualified To Do Business in Florida
12-3-08

6. FEI Number
☑ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc.
City PLANTATION State FL Zip Code 33324

☑ 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
Mark J. Ellenbaugh
Asst. Secretary & V. President
Date 2/3/2010
REGISTERED AGENT SIGNATURE

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
	CLOTILDES GLEIBERMAN	400 ALTON ROAD, #2804	MIAMI BEACH, FL 33139
	PAUL GLEIBERMAN	400 ALTON ROAD, #2804	MIAMI BEACH, FL 33139

11. E-mail Address: paulg@gleiberman.com
(To be used for future annual report notification)

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 2-5-10
Daytime Phone # 305-492-3600

Typed or printed name of signing Managing Member/Manager