

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2013 JUL 18 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E041 (1/11)

DOCUMENT # L09000112514

1. Limited Liability Company's Name

Sunshine Florida of Osceola, LLC

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

5323 Coral Vine Lane

Suite, Apt. #, etc.

3. Mailing Office Address

5323 Coral Vine Lane

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

34758

Country

USA

City & State

Kissimmee FL

Zip

34758

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

11/23/09

6. FEI Number

27-1355389

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
Gina Byrd

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

3402 Hawkin Drive

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34746

E-mail Address:

200249908612
07/18/13--01019--014 **238.75

ladybyrd51@yahoo.com

(To be used for future annual report notices)

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

Gina Byrd

Date 7/10/2013

REGISTERED AGENT MUST SIGN

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	Ian West	5323 Coral Vine Lane	Kissimmee, FL 34758
MGR	Sharon West	5323 Coral Vine Lane	Kissimmee, FL 34758

11. 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. 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 Managing
Member/Manager

Gina Byrd

Date 7/10/2013

Daytime Phone # 407 7092109

Typed or printed name of signing Managing Member/Manager

cc
7/18