PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L09000119703

1. Limited Liability Company's Name

SUNRISE REMARKETING LLC

FILED

10 NOV -4 PM 1:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

000186592760 10/12/10--01066--004 **143.75

2. Principal Office Address - No P.O. Box # 6504 Riverview Blvd 6504 Riverview Blvd 6504 Riverview Blvd 6504 Riverview Blvd 5. Date Organized or Qualified To Do Business in Florida 12/17/2009 City & State Bradenton, FL Zip Country 34209 USA 7. Certificate of Status Desired Agent PL State P									0000044 (05440)	
Space Department Departme	Principal Office Address - No P.O. Box # 6504 Riverview Blvd							4. State/Cou	CR2E041 (05/10) 4. State/Country of Formation	
City & State Bradenton, FL Bradenton Bradent	Suite, Apt. #, etc			Suite, Apt #, etc				5. Date Orga	5. Date Organized or Qualified	
Bradenton, FL 34209	City & State		City & State				T			
34209 USA 34209 USA CERTIFICATE OF STATUS DESIRED 8. Name and Address of Current Registered Agent Name Michael N. Levinson Street Address (P.O. Box Number is Not Acceptable) 6504 Riverview Bivd Suite, Apt. 4, Etc City Bradenton 9. 1. 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 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Manager Orby Istate / Zpp Mgrm Michael N. Levinson 6504 Riverview Blvd Bradenton, FL 34209 11. Certify that I am managing membermanager or the receiver of trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certs/y that when fifting this roinstatement application the reason for discolution has been eleminated, the limited liability company name satisfies the requirements of section 608 406, F.S. and that all test own of the trust of the managing membermanager or the receiver of trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certs/y that when fifting by the minimed liability company has the satisfies the requirements of section 608 406, F.S. and that all these over the trust of the minimal based to the satisfies the requirements of section 608 406, F.S. and that all the same discusters and the same discusters and the same discusters and the same department of the same discusters and the same department of the same di	Bradenton, FL			 					07.4505500	
Name Michael N. Levinson Street Address (P.O. Box Number is Not Acceptable)	,)	l '	1 '	1 /				© OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
Wilchael N. Levinson Street Address (P.O. Box Number is Not Acceptable) 6504 Riverview Blvd July Corde Bradenton 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 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/Managers Street Address of Each Managing Members/Managers Titles Managing Members/Managers Michael N. Levinson 6504 Riverview Blvd Bradenton, FL 34209 11, E-mail Address: (To be used for future annual raport 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 fining his crinistatement application the reason for dissolution has been eleminated, the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all rises overly the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all rises overly by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all rises overly by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all rises overly by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all rises overly by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all rises overly by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all rises overly by the limited liability company name as affected and the surface of the same legal effect.								RFI	REINSTATEMENT ZOID SAM	
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Bradenton FL 34209	Suite, Apt. #, Esc.									
Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip Mgrm Michael N. Levinson 6504 Riverview Blvd Bradenton, FL 34209 11. E-mail Address: (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 filling 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.	ا استعارات المستعارات									
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Signature of Managing Member/Manager Date Daytime Phone # 941-518-7711 Typed or printed name of signing Managing Member/Manager HICHASS N. L.S. VINSON	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 cath									
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