

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000066080

1. Limited Liability Company's Name
SUNSHINE NURSERY

LLC

2. Principal Office Address - No P.O. Box #
18004 PHLOX DR.

3. Mailing Office Address
P.O.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 366321 Bonita Springs, FL 34136

City & State
FORT MYERS, FL

City & State

Zip Country
33967 USA

Zip Country

8. Name and Address of Current Registered Agent

Name

JUAN CARLOS AMAYA

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

18004 PHLOX DR

Apt. #, Etc

City

FORT MYERS

State

FL

Zip Code

33967

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 09/07/2018

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
O	JUAN CARLOS AMAYA	18004 PHLOX DR	FORT MYERS, FL 33967

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

[Signature]
JUAN CARLOS AMAYA

Date 09/07/2018

Daytime Phone #

239-273-6637

Typed or printed name of signing authorized representative/member

FILED

2018 OCT -1 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FL

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09/13/18--01003--003 **578.25

16-18

CR2E041 (1/14)

516.25

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

**FILING CANCELLED
DUE TO RETURNED CHECK**