PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1 Limited Liability Company's Name: UNISUN LLC

600356582976
12/16/20--01003--002 **138.75

CR2E041 (1/14)

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
4612 LEUCADENDRA DR.	SAME
Suite, Apt. #, etc	Suite Apt. #, etc
City & State: SEBRING FLORIDA	City & State
Zip: 33872 Country: HIGHLANDS	Zip Country

4 State/Country of Formation: FLORIDA USA

5 Date Organized or Qualified To Do Business in Florida: 06-11-2014

6 FEI Number: 47-1330218 ☐ 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: GABRIEL MIYARES

Street Address (P.O. Box Number is Not Acceptable); Suite, Apt. #, Etc: 4612 LEUCADENDRA DR

City: SEBRING State: FL Zip Code: 33872

R WHITE
DEC 16 2020

9 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: _____ Date: 12-01-20

REGISTERED AGENT MUST SIGN

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
MGR	GABRIEL MIYARES	4612 LEUCADENDRA DR	SEBRING FL 33872

11 E-mail Address: SUNFIREPC@GMAIL.COM
(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: _____ Date: 12-01-20 Daytime Phone #: 863-662-8082

Typed or printed name of signing authorized representative/member: GABRIEL MIYARES