PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2024 JUL -1 AM 8:10

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22000467990

1. Limitec Liability Company's Name

Sunshine State Solar Pros LLC

800182978658
07/01/24--01005--012 **238.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3019 Cypress Creek Drive, East	Same
Suite, Apt. #, etc. N/A	Suite Apt. #, etc N/A
City & State Ponte Vedra Beach, Florida	City & State Same
Zip 32082 Country USA	Zip Same Country USA

4. State/Country of Formation Florida / USA

5. Date Organized or Qualified To Do Business in Florica 10/31/2022

6. FEI Number 93-3287625 ☐ 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
Beaches Tax Services of N.E. Florida, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite
6376 Mockingbird Road

Apt. #, Etc

City Jacksonville | State FL | Zip Code 32219

800432978658
07/01/24--01005--011 **138.75

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 Mickelyn C. Adams Date 6/8/2024

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
M	Cody R. Eckstein	3019 Cypress Creek Drive, East	Ponte Vedra Beach, FL 32082

11. E-mail Address beachestaxservices@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 requirements 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 Cody R. Eckstein Date 6/8/2024 Daytime Phone # (904) 544-2104

Typed or printed name of signing authorized representative/member CODY R. ECKSTEIN

T. WILSON JUL - 1 2024