

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -9 AM 10:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

~~1988-12-29~~
L98000001254
SUNDANCE FLORAL GROUP LC
1370 NW 78th AVE
MIAMI, FL 33126

2. Principal Office Address

1370 NW 78th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1370 NW 78th AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33126

Country

USA

Zip

33126

Country

DADE

4. State/Country of Formation

FLORIDA

USA

5. Date Organized or Qualified
To Do Business in Florida

9-1-98

6. FEI Number

05-0851590

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ ☐

8. Name and Address of Current Registered Agent

Name

FRANK J. DECICCO

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

5137 NW 32nd ST

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11-10-99

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
MGRM	Frank J. DECICCO	5137 NW 32 nd ST	Margate FL 33063
MGR	O. ROANE CROSS	380 Krollwood ST. SUITE 410	WINSTON-SALEM, NC.
MGR	BRUCE MCCOWAN	#15 Cinco Avenida Sur	ANTIGUA, GUATEMALA

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.

Signature of
Managing Member/Manager

[Signature]

Date

11-10-99

Daytime Phone #

305-594-9551 x10

Typed or printed name of signing Managing Member/Manager

FRANK J. DECICCO