

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000  
LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
LEBR



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L 99000001946

1. Limited Liability Company's Name

SUNRISE ABSTRACT, LLC

2. Principal Office Address

4901 Bridgehampton Blvd

Suite, Apt. #, etc.

Sarasota, FL

City & State

3. Mailing Office Address

4901 Bridgehampton Blvd

Suite, Apt. #, etc.

Sarasota, FL

City & State

Zip  
34238

Country  
USA

Zip  
34238

Country  
USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

April 6, 1999

6. FEI Number

05-0909749

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Paul Derwitsch

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

4901 Bridgehampton Blvd.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34238

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

*Paul Derwitsch*

Date 10/18/00

REGISTERED AGENT MUST SIGN

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
Mgr	Paul Derwitsch	4901 Bridgehampton Blvd	Sarasota, FL 34238

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

*Paul Derwitsch*

Date 10/18/00

Daytime Phone # 941-929-0881

Typed or printed name of signing Managing Member/Manager PAUL DERWITSCH

CR2E041 (9/00)