

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 AUG 19 AM 8:55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

600022385296  
08/19/03--01004--007 \*\*205.00

DOCUMENT # **L99000003155**

1. Limited Liability Company's Name

sunrise office services LLC

2. Principal Office Address

150 kent rd

Suite, Apt. #, etc.

2a

City & State

st augustine

Zip

32086

Country

st.johns

3. Mailing Office Address

150 kent rd

Suite, Apt. #, etc.

2a

City & State

st. augustine

Zip

32086

Country

st.johns

4. State/Country of Formation

florida

5. Date Organized or Qualified  
To Do Business in Florida

jan1,1999

6. FEI Number

59-3548230

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

carmen cronon

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

150 kent rd

Suite, Apt. #, Etc.

2a

City

st. augustine

State

FL

Zip Code

32086

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

*Carmen Cronon*

REGISTERED AGENT MUST SIGN

Date

8/11/03

**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
mgmr	carl k. doane	8832 atter ln.	jacksonville, fl. 32216
mgmr	burl w. jones	110-briarwood cr.	glen saint mary, fl. 32040

REINSTATEMENT

2003-03-2

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

*Carl K. Doane* 8/11/03

Daytime Phone # 904-891-8298

Typed or printed name of signing Managing Member/Manager carl k. doane o.m.

CR2E041 (10/02)