

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05  
\$150.00

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 APR 11 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003290

1. Limited Liability Company's Name

SUN HAVEN MINI MART, L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
8470 ENTERPRISE CIRCLE

3. Mailing Office Address  
same

Suite, Apt. #, etc.  
SUITE 201

Suite, Apt. #, etc.

City & State  
BRADENTON, FLORIDA

City & State

Zip  
34202

Country  
USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida JUNE 8, 1999

6. EEI Number  
65-0934592

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  
J. GEOFFREY PFLUGNER

Street Address (P.O. Box Number is Not Acceptable)  
8470 Enterprise Circle

Suite, Apt. #, Etc.  
SUITE 201

City  
BRADENTON, FLORIDA

State  
FL

Zip Code  
34202

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date MARCH 21, 2006

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	CATHERINE R. MASCI	86 WEST 3RD STREET	NEW YORK, NY10012
MGR	COLOMBA MASCI	86 WEST 3RD STREET	NEW YORK, NY10012
			400097215604 04/17/07--01036--020 **105.00
			REINSTATEMENT 05-07
			400097215604 04/17/07--01036--021 **50.00

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

Catherine R. Masci

Date 3/21/2007

Daytime Phone # 941-366-5707

Typed or printed name of signing Managing Member/Manager

CATHERINE R. MASCI