

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 21 PM 1:18

DOCUMENT # L99000004677

1. Limited Liability Company's Name

SUSSEX HOLDINGS, L.L.C.

9/29/00

2. Principal Office Address

319 LITTLE HARBOUR LANE

Suite, Apt. #, etc.

3. Mailing Office Address

319 LITTLE HARBOUR LANE

Suite, Apt. #, etc.

City & State

NAPLES, FL 34102

City & State

NAPLES, FL 34102

Zip

34102

Country

Zip

34102

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

July 30, 1999

6. FEI Number

☒ 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

ANDREW SMITH

400003913004-8

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

319 LITTLE HARBOUR LANE

03/27/01-01098-015

****200.00 ****200.00

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34102

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**

Date 5 MAR 01

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
MM	ANDREW SMITH	319 LITTLE HARBOUR LANE	NAPLES, FL 34102

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**

Date 8 FEB 01

Day: Phone # 241.263.1233

Typed or printed name of signing Managing Member/Manager

ANDREW SMITH

CR2ED01 (9/00)