

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

00 OCT 20 PM 11:02

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DOCUMENT # **L99000006720**

1. Limited Liability Company's Name

Sunrise City Properties, L.L.C.

2. Principal Office Address

3690 South 25th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft Pierce, FL

City & State

Zip

34982

Country

U.S.

Zip

Country

4. State/Country of Formation

FL/U.S.

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0996823

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

Herbert Rochester

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

3690 South 25th Street

Suite, Apt. #, Etc.

City

Ft Pierce

State

FL

Zip Code

34982

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

X

[Handwritten signature of Herbert Rochester]

Date **10-17-00**

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
MGRM	Rochester, Herbert J	3690 South 25th St	Ft Pierce, FL 34982

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

X

[Handwritten signature of Herbert J. Rochester]

Date **10-17-00**

Daytime Phone # **561-465-6464**

Typed or printed name of signing Managing Member/Manager **Herbert J. Rochester**

CR2041 (9/00)