

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

01 OCT 23 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000808

1. Limited Liability Company's Name

Sunset Club Properties Ltd. LC

2. Principal Office Address

2810 Grand Ave

Suite, Apt. #, etc.

Suite 207

City & State

Fort Myers FL

Zip

33901

Country

U.S.

3. Mailing Office Address

3775 Walnut Ave NW

Suite, Apt. #, etc.

Suite 2

City & State

Musculon, OH

Zip

44646

Country

U.S.

REINSTATEMENT

2001

4. State/Country of Formation

Ohio

5. Date Organized or Qualified

To Do Business in Florida 5/1/98

6. FEI Number

34-1729763

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

Linda K. Steele

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

2810 Grand Ave.

Suite, Apt. #, Etc.

207

City

Fort Myers

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*****150.00 ***150.00

State

FL

Zip Code

33901

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/11/2001

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
MANAGING MEMBER	GARRY L. OAKES	7067 FULTON DR NW	CANTON, OH 44718

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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

[Signature]

Date 10/9/01

Daytime Phone # 330-830-1203

Typed or printed name of signing Managing Member/Manager GARRY L. OAKES