


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2013 MAY -2 AM 11: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Secretary of State DIVISION OF CORPORATIONS |

DOCUMENT # **Lo5 000097148**

1. Limited Liability Company's Name
Shining Light Investments, LLC

500247531005
05/02/13--01032--018 **793.75

CR2E041 (1/11)

| | | | |
|--|-----------------------|---|-----------------------|
| 2. Principal Office Address - No P.O. Box # 2627 S. Bayshore Drive | | 3. Mailing Office Address 100 S.E. 2nd Street | |
| Suite, Apt. #, etc. Apt. 1802 | | Suite, Apt. #, etc. Suite 1600 | |
| City & State Miami, FL | | City & State Miami, FL | |
| Zip 33133 | Country USA | Zip 33131 | Country USA |

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
9/30/05

| | |
|------------------------------------|---|
| 6. FEI Number 20-4020786 | Applied For <input checked="" type="checkbox"/> 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
F&L Corp.

Street Address (P.O. Box Number Is Not Acceptable)
One Independent Drive

Suite, Apt. #, Etc.
Suite 1300

City
Jacksonville

State
FL

Zip Code
32202

E-mail Address:

(To be used for future annual report notices)

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 *Charles V. Adelik* Date **4/4/13**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------------------------|-----------------------------------|--|--------------------|
| MGR | Tomas Arturo Regalado | 100 S.E. 2nd Street, Ste. 1600 | Miami, FL 33129 |
| REINSTATEMENT 09-13 | | | |

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Tomas Arturo Regalado* Date **4-19-13** Daytime Phone # **305-793-5143**

Typed or printed name of signing Managing Member/Manager **Tomas Arturo Regalado**