FAX AUDIT NO.: H08000274879 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 16 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L99000008167

1. Limited Liability Company's Name

SIM Sundance Pointe, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2121 Ponce de Leon Blvd.		2121 Ponce de Leon Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
PH		PH	
City & State		City & State	
Coral Gables, Florida		Coral Gables, Florida	
Zip	County	Zip	County
33134	US	33134	US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/29/1999

6. FEI Number: 65-0966181 ☐ 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: Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd Street

Suite, Apt. #, Etc.: Suite 2900

City: Miami | State: FL | Zip Code: 33131

☐ 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: Charles Kent VP Date: 11/24/08

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
MGR	Stuart I. Meyers	2121 Ponce de Leon Blvd., PH	Coral Gables, Florida 33134

REINSTATEMENT 07-08

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 608.408, 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: 11/24/08 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Stuart I. Meyers, Manager

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Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

SIM SUNDANCE POINTE, L.L.C.

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