FILED
2013 MAY -2 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000097148

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

CR2E041 (1/11)

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

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2627 S. Bayshore Drive	100 S.E. 2nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Apt. 1802	Suite 1600
City & State	City & State
Miami, FL	Miami, FL
Zip / Country	Zip / Country
33133 / USA	33131 / 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 ☐ 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. Hedrick Date: 4/4/13
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	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 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. 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: [signature] Date: 4-19-13 Daytime Phone #: 305-793-5143

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

N. Quilgan MAY - 3 2013