

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 AUG 25 AM 9:51

DOCUMENT # M11000006209

1. Limited Liability Company's Name
SunE W12DG-B, LLC

500303000375

2. Principal Office Address - No P.O. Box #
Two Cityplace Drive, 2nd Floor

Suite, Apt. #, etc.

City & State

St. Louis, MO

Zip

63141

Country

USA

3. Mailing Office Address

Two Cityplace Drive, 2nd Floor

Suite, Apt. #, etc.

City & State

St. Louis, MO

Zip

63141

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified

To Do Business in Florida 12/13/2011

6. FBI Number

32-0360027

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

C T Corporation System

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

1200 South Pine Island Road

Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

Leslie Martin
Assistant Secretary

Date 8/25/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Member	SunE Solar Xii, LLC	7550 Wisconsin Ave., 9th Floor	Bethesda, MD 20814

REINSTATEMENT

2016-2017

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

[Signature]

Date 08.14.17

Daytime Phone # (240) 762-7735

Typed or printed name of signing authorized representative/member Sujay Parikh

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 772277 8080864
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 377.50

ORDER DATE : August 16, 2017
ORDER TIME : 3:25 PM
ORDER NO. : 772277-135
CUSTOMER NO: 8080864

REINSTATEMENT

NAME: SUNE W12DG-B, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS _____

17 AUG 25 PM 4:38