## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FL'ORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED  02 MAR 19 PM 3: 05  SECRETARY OF STATE
DOCUMENT #  1. Limited Liability Company's Name		TALLAHÁSSEE. FLÖRIÐA
Sun Gulf Title LLC L00000008253		
2. Principal Office Address	3. Mailing Office Address	
31564 US 19 North	31564 US 19 North	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Florida 5. Date Organized or Qualified
City & Shake	City P Chate	To Do Business in Florida
City & State	City & State	6. FEI Number Applied For
Palm Harbor, FL Zip Country	Palm Harbor, FL Country	59 - 35 7 9 2 5 1   Not Applicable
34684 Pinellas	34684 Pinellas	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name Michael J. Guiu		
Street Address (P.O. Box Number is Not Acceptable)		
31564 US 19 North 9000051351394		
Suite, Apt. #, Etc03/19/0201073-003		
City   State   Zip Code   Zip Cod		
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 Apent		
Signature of Registered Agent Date NAP 12, 2002		
REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manag	Street Address of Each ers Managing Member/Mana	
MGRM Michael J. Guju	31564 US Hwy. 19	North Palm Harbor, FL 34684
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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 filling 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  Date		
Typed or printed name of signing Managing Member/ManagerMichael J. Guju		