

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000003544

Name and Mailing Address

0007221 01 FP 0,352 **PRSR T2 0 0615 29210-385052



SUNSHINE HOTEL ASSOCIATES, L.L.C.
C/O SAMUEL AGEE
111 STONEMARK LANE SUITE 202
COLUMBIA SC 29210-3850

02 NOV -6 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008828628
11/06/02--01063--005 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business C/O SAMUEL AGEE 111 STONEMARK LANE SUITE 202 COLUMBIA SC 29210		3. New Principal Place of Business Address City, State, Zip	
		5. Date Organized or Qualified To Do Business in Florida 03/07/2001	
		6. FEI Number 54-2077780	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent HUSZAGH, LEE 249 E VIRGINIA ST TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

10. 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 [Signature] Date 11/04/2002

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Samuel C. Agee, Jr.	1527 Kothwood Dr.	Columbia, SC 29206
Managing Member	Clarence S. Cipkaly	223 W. Passage Dr.	Columbia, S.C. 29212

12. 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.

Signature of Managing Member/Manager Samuel C. Agee, Jr. Date 10/29/02 Daytime Phone # (803) 798-7979

Typed or printed name of signing Managing Member/Manager Samuel C. Agee, Jr.