

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR 26 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003902

1. Limited Liability Company's Name

SUNSHINE SUMMIT, LLC

2. Principal Office Address

22 SHADY LANE

Suite, Apt. #, etc.

City &amp; State

SPARTA, NJ

Zip

07871

Country

3. Mailing Office Address

22 SHADY LANE

Suite, Apt. #, etc.

City &amp; State

SPARTA, NJ

Zip

07871

Country

4. State/Country of Formation

FLORIDA/UNITED STATES

5. Date Organized or Qualified

To Do Business in Florida MARCH 13, 2001

6. FEI Number

593719225

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

CAPITAL CONNECTION, INC.

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

417 E VIRGINIA ST

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Weimar Lopez for Capital Connection, Inc. 3/26/07

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
MGRM	PINO-y-TORRES, JOSE L	22 SHADY LANE	SPARTA, NJ 07871

REINSTATEMENT 2005-2007

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 608.406, 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

2/21/2007

Daytime Phone #

407-367-9731

Typed or printed name of signing Managing Member/Manager JOSE L PINO-y-TORRES

L01000003902

February 15, 2007

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Sunshine Summit LLC

To Whom It May Concern:

Enclosed is the form Limited Liability Company Reinstatement for Sunshine Summit LLC. Enclosed are payments for 2005, 2006 and 2007 Annual Reports of \$50.00 for each year, a total of \$150.00.

I request abatement of the Reinstatement Fee due to the fact that I did not receive the Annual Reports to file, having moved from Florida to Texas briefly and then ultimately to New Jersey where I now reside. I was not aware of the requirement for the annual filing. I now would like to have the entity reinstated and have made arrangements for a Florida Registered Agent as shown on the enclosed form.

Please consider abatement of the Reinstatement Fee due to the circumstances.

Very truly yours,

Jose L Pino-y-Torres

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TALLAHASSEE, FLORIDA

BK