L01000015165

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 22 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000015165

1. Limited Liability Company's Name
Sunstar Properties, L.C.

2. Principal Office Address	3. Mailing Office Address
760 U.S. Highway One,	760 U.S. Highway One
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc. Suite 102
City & State North Palm Beach, FL	City & State North Palm Beach, FL
Zip 33408 / Country US	Zip 33408 / Country US

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 9/4/2001

6. FEI Number: 65-1150441 ☐ 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: Mark J. Nowicki

Street Address (P.O. Box Number is Not Acceptable): 14155 U.S. Highway One

Suite, Apt. #, Etc.: Suite 210

City: Juno Beach | State: FL | Zip Code: 33408

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: _____ Date: 9/16/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Charles L. Barone	760 U.S. Highway One, #102	North Palm Beach, FL 33408
			03/28/03 10594 003 *150.00
			07/11/03 01045 001 *50.00
		REINSTATEMENT	2002-2003

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: Charles L Barone Date: 9-19-03 Daytime Phone #: 561-630-8050

Typed or printed name of signing Managing Member/Manager: Charles L. Barone, Manager