PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

L01000017414

FILED
03 OCT 30 AM 10:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000017414

Name and Mailing Address

0016499 01 MB 0.3CS **AUTO T0 0 0815 60463-233101
SUN CASA INVESTMENTS, LLC
6201 W. 129TH STREET
PALOS HEIGHTS IL 60463-2331

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
10/10/2001

Principal Place of Business
6201 W. 129TH STREET
PALOS HEIGHTS IL 60463

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
69-0004269

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

G&L AGENT SERVICES, INC.
390 NORTH ORANGE AVE.
SUITE 600
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name: NRAI Services Inc.
Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue
City: Tallahassee FL Zip Code: 32301

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: By. Mary Paris SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 10-30-03

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
MGR	MCCOMBS, JAMES	6201 W 129TH ST	PALOS HEIGHTS IL 60463-2331
MGR	MCCOMBS, YOLANDA	6201 W 129TH ST	PALOS HEIGHTS IL 60463-2331

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11.04.03 01667 019 **155.00

REINSTATEMENT 2003

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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: James McCombs SIGNATURE REQUIRED
Date: 10-28-03
Daytime Phone #: 708-385-2927

Typed or printed name of signing Managing Member/Manager: James McCombs Yolanda McCombs

631848