

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
L01000018424

FILED

02 DEC 26 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018424

Name and Mailing Address

0011689 01 SP 0.370 \*\*SNGLP

0615 34275

BERMUDA SUN LLC  
3009 CASEY CAY ROAD  
NOKOMIS FL 34275



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 10/24/2001		<b>6. FEI Number</b> N.A.	
<b>Principal Place of Business</b> 3009 CASEY CAY ROAD NOKOMIS FL 34275		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>8. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		<b>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.</b> Signature of Registered Agent: <i>Donald R. Wilborn</i> Date: 12/26/02 REGISTERED AGENT MUST SIGN	
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DONALD R WILBORN	3009 Casey Key Rd	NOKOMIS FL 34275
			30000923/333
			11/26/02--01088--008 **150.00
			REINSTATEMENT 02
			04

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: *Donald R. Wilborn* Date: 11/19/02 Daytime Phone #

Typed or printed name of signing Managing Member/Manager: DONALD R WILBORN

CR2E084 (8/02)