PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	08 MAY 14 PM 2:16
DOCUMENT # L 0200001898 1. Limited Liability Company's Name Sunny Oaks Farm, LLC 1708 On on dage Dr.		SECKLIARY OF STATE TALLAHASSEE, FLORIDA
1708 Onondage Dr.		
Geneva FL 32732		
Principal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E041 (12/07)
1708 Drondago Dr.		4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1 45
		5. Date Organized or Qualified To Do Business in Florida 1/25/02
Geneva FL	Geneva, FL	6. FÉI Number Applied For- 9 0 0 0 0 3 1 7 3 Not Applicable
Zip Country 32732 U.S	32732 Country U.S	CERTIFICATE OF STATUS DESIRED S500 Additional Fee required
	Current Registered Agent	
Name Don Young		A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable)		in circumstances which the entity did not receive the prior notices. By checking this
1708 Onon Jago Dr. Suite, Apt. #, Etc.		box, you are certifying the prior notices were not received and requesting the \$100
City Geneva	State Zip Code FL 32732	reinstatement be waived.
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 10 1 1 9 0 8	
10. Names and Street Addresses of Managing Mem	nbers/Managers	
Titles Name of Managing Members/Manage	Street Address of Each ers Managing Member/Mana	
MGRM Melissa Yo	ung 1708 Oronda	go Dr. Geneva, FL 32732
		700129051737 05/12/0801052013 **698.75
		05/12/0801052013 **698.75
REINSTATEMENT 2004-2008		
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 filling 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 10 May 08 Daytime Phone # 407-736-2/21 Typed or printed name of signing Managing Member/Manager		
Typed or printed name of signing Managing Member/Manager 00 W H. Youv 6		