

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 AUG 28 PM 2:13

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000001948**

1. Limited Liability Company's Name

**SUNESCAPES, LLC**

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 2950 Mount Wilkinson Parkway		<b>3. Mailing Office Address</b> 2950 Mount Wilkinson Parkway	
Suite, Apt. #, etc. Unit 611		Suite, Apt. #, etc. Unit 611	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30339	Country USA	Zip 30339	Country USA

<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 1-25-2002	
<b>6. FEI Number</b> 02-0596361	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>		
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 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: Ternell Kearney **Ternell Kearney Asst. Secretary** Date: 8/26/08  
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	MARY BRANN	2950 Mount Wilkinson Pkwy, Unit 611	Atlanta, GA 30339
MGRM	SCOTT BRANN	2950 Mount Wilkinson Pkwy, Unit 611	Atlanta, GA 30339

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**REINSTATEMENT**

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 608.408, 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: Mary Brann Date: 8-26-08 Daytime Phone # 404/452-9918

Typed or printed name of signing Managing Member/Manager: MARY BRANN