

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L02000010211

FILED

03 DEC 12 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MP

DOCUMENT # L02000010211

1. Limited Liability Company's Name

SUNSET III DEVELOPMENT LLC

2. Principal Office Address

2601 S. Bayshore Drive

Suite, Apt. #, etc.

Sutie 235

City & State

Miami, Florida

Zip

33133

Country

US

3. Mailing Office Address

2601 S. Bayshore Drive

Suite, Apt. #, etc.

Sutie 235

City & State

Miami, Florida

Zip

33133

Country

US

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

4/29/ 2002

6. FEI Number

82-0543513

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

Alvaro Castillo B., P.A.

Street Address (P.O. Box Number is Not Acceptable)

1390 Brickell Avenue

Suite, Apt. #, Etc.

Suite 200

City

Miami,

State
FL

Zip Code

33131

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

[Signature]

Date 12-2-03

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
MGR	Eduardo Velazco	2601 S. Bayshore Drive, #235	Miami, Florida 33133

REINSTATEMENT 2003

MP

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

[Signature]

Date 12/2/03

Daytime Phone # (305) 8566077

Typed or printed name of signing Managing Member/Manager

Eduardo Velazco