

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 JUL 19 PM 1:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000030738

Name and Mailing Address

0002598 01 AT 0.292 **AUTO T1 0 0615 32569-183791



SOUTHERN SUN PROPERTIES, LLC
591 W. MIRACLE STRIP PKWY.
MARY ESTHER FL 32569-1837

400037570084
06/02/04--01015--002 **200.00

MJH



US

7/19

CR2E034 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/20/2002	
Principal Place of Business 294 GULF SHORE DRIVE WEST SANTA ROSA BEACH FL 32549 US	3. New Principal Place of Business Address City, State, Zip	6. FCI Number Applied For <input checked="" type="checkbox"/> Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent MILHOUS, STEPHEN E 591 W. MIRACLE STRIP PKWY. MARY ESTHER FL 32569		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Steve Milhous</i> Date 5-25-04 REGISTERED AGENT MUST SIGN			
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
Pres	Steve Milhous	591 W. Miracle Strip Pkwy.	MARY ESTHER, FL 32569

REINSTATEMENT

2003-2004

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 *Steve Milhous* Date 5-25-04 Daytime Phone (850) 243-6639

Typed or printed name of signing Managing Member/Manager Steve Milhous