

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY -3 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **202000031321**

1. Limited Liability Company's Name

**SUNCARE Solutions LLC.**

**200035168102**  
05/03/04--01021--019 \*\*200.00

2. Principal Office Address <b>1031 Royal Palm Blvd</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>1031 Royal Palm Blvd</b> Suite, Apt. #, etc.	
City & State <b>VERO Beach, FL</b>		City & State <b>VERO Beach, FL</b>	
Zip <b>32960</b>	Country <b>USA</b>	Zip <b>32960</b>	Country <b>USA</b>

4. State/Country of Formation <b>FLORIDA / USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>11/21/2002</b>	
6. FEI Number <b>48 128 6599</b>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name <b>Timothy McNamee</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1130 7th Avenue</b>	
Suite, Apt. #, Etc. <b>Suite 101</b>	
City <b>VERO Beach</b>	State <b>FL</b>
	Zip Code <b>32960</b>

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 **7/26/04**  
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	Timothy McNamee	1130 7th Ave	VERO Beach, FL 32960

**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 608.406, 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 **4/26/04** Daytime Phone # **772 299-9825**  
Typed or printed name of signing Managing Member/Manager **Timothy McNamee**

CR2E041 (10/02)