

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 FEB -5 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PK*  
07

DOCUMENT # L03000034294

1. Limited Liability Company's Name

INVERSIONES SUNLIGHT, L.L.C.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 7225 NW 68 STREET		3. Mailing Office Address SAME	
Suite, Apt. #, etc. STE: 8		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33166	Country	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 09-10-2003	
6. FEI Number 65-1207153	<input type="checkbox"/> Applied For <input 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

Name ARAGON REGISTERED AGENT, INC.			
Street Address (P.O. Box Number is Not Acceptable) 255 ALHAMBRA CIRCLE			
Suite, Apt. #, Etc. # 500			
City CORAL GABLES	State FL	Zip Code 33134	

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: *(Signature)* REGISTERED AGENT MUST SIGN Date: 02/02/09

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	JULIAN SANCHEZ	7225 NW 68 STREET STE: 8	MIAMI, FL 33166
MGRM	GIUSEPPINA SANCHEZ	7225 NW 68 STREET STE: 8	MIAMI, FL 33166
<b>REINSTATEMENT 2007-2009</b>			
500142890085 02/05/09--01006--005 **416.25			

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: 02/02/09 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_