## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS  07 JUN 11 PM 2: 39
DOCUMENT # LO4006  1. Limited Liability Company's Name Sunbeam Tract 47 South,		700104223207 06/11/0701046016 ++855.00
2. Principal Office Address - No P.O. Box #  1401 79th Street Causew	3. Mailing Office Address way 1401 79th Street Causewa	CR2E041 (1/07) y 4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Florida  5. Date Organized or Qualified To Do Business in Florida 3/4/2004
City & State Miami, FL	City & State Miami, FL	6. FEI Number Applied For Not Applicable
Zip Country US	Zip Country US	CERTIFICATE OF STATUS DESIRED Status  \$5.00 Additional Fee required for a Certificate of Status
Name Bruce F. Iden  Street Address (P.O. Box Number is Not Acceptable 3240 Corporate Way  Suite, Apt. #, Etc.  City  Miramar	e)  State Zip Code FL 33025	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 provernamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Date 5/8/07		
10. Names and Street Addresses of Managina Me Titles Name of Managing Member / Mana	Street Address of Each	
	Corporation, 1401 79th Street	
	REIN	STATEMENT <u>2005-0</u> 7
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 filling 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 fiability company have been paid. The promotion indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Signature of		
Typed or printed name of signing Managing Managi		