PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	Secretar	TMENT OF STATE ORPORATIONS		OBSEP-9 PHIZ: 24
DOCUMENT # しつりいの つなる3は 1. Limited Liability Company's Name				SEL TLORIES
SUNSONG LLC			701 09/03/0	0160312737 0901041003 **793.75
	_			CR2E041 (10/08)
2. Principal Office Address - No P.O. Box #		(() () () () ()		
3611 South Flagler Drive				try of Formation
Suite, Apt. #, etc. Suite, Apt. #,				ocio A / U.S.
City & State, City & State				ness in Florida (e) 1(e) 04
West Palm Beach Florida	s Palm Beach Florida WEST PAIM Beach Florida		6. FEI Numbe	Applied For Not Applicable
33465 Country U.S	3340S	Country US	7. CERTIFICATE	OF STATUS DESIRED 55 00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent				
Name			☐ 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.	
TINGLY GIVENS Street Address (P.O. Box Number is Not Acceptable)				
5390 GEORGIA AUR				
Suite, Apt. #, Etc.				
West Pain Beach State Zip Code FL 53405				
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 REGISTERED AGENT MUST SIGN				Date 8:31-09
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/Manag		Street Address of Each Managing Member/Manager		City / State / Zip
MGEN BlAIR GLUENS		5390 GEORGIN AU WPBFL		33405
MGMR Timothy Guers		ار اد		((
REINSTATEMENT				S. HAWKES
2005-09				SEP 1 0 2009
				EXAMINER
	dissolution has been elimin	ated, the limited liability compa	any name satisfie	d for in chapter 608, F.S. I further certify that when s the requirements of section 608.406, F.S., and that te, and my signature shall have the same legal effect

Date 8:31:09 Daytime Phone # 561:553:5828

Signature of Managing Member/Manager _