2005 LIMITED LIABILITY COMPANY REINSTATEMENT

1. Entity Nam	MENT # L040000699)	OS DEC 22 All 8: 26				
Principal Place 1814 N. 471 TAMPA, FL		Mailing Address 1814 N. 47TH ST TAMPA, FL 33605					1 20 11 111 (8 2 1	
2. Principal Place of Business		3. Mailing Address			419			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12212005	REIN-LLC	CR2E101 (6/04)		
City & State		City & State		4. FEI Numb	er	 	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	S5.00 Add	itional
	6. Name and Address of Current R	egistered Agent Name		7. Name and Address of New Registered Agent				
CAMPBEL 1814 N. 47 TAMPA, F				(P.O. Box Number is Not Acceptable)				
			}	City			FL Zip Cod	9
8. The above the obligat SIGNATURE	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent ar			d office or register			· • ·	and accept
	E NOWIII FEE IS \$150.00 eary 1, 2006, Fee will be \$200.00						e check payable to a Department of State	•
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, STEVEN G JR 1814 N. 47TH ST TAMPA, FL 33605	C.) Octate		T ADORESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP	3 12/2	00062 : 2/050103:	□ Change □ 5	Addition
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition
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2005 LIMITED LIABILITY COMPANY REINSTATEMENT

	REINST/	ABILITY CON ATEMENT	MPANY				
1. Entity Nam	MENT # L04000069 SUN MHP, LLC			OS DEC 22 AH 8: 26			
Principal Place of Business 1814 N. 47TH ST TAMPA, FL 33605 2. Principal Place of Business		Mailing Address 1814 N. 47TH ST TAMPA, FL 33605					
		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12212005	REIN-LLC	CR2E101 (6/04)	
City & Stat		City & State		4. FEI Numb	er		pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S5.00 Ad Fee Require	
CAMPBEL 1814 N. 47 TAMPA, FI		Name Street Addre	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)			-	
8. The above the obligat	e named entity submits this statement fo tions of registered agent.	or the purpose of changing it	City s registered office or regi	stered agent, or bo	th, in the State of Florid	Zip Coo da. I am familiar with,	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature n	equired when reinstating		DATE	
	E NOW!!! FEE IS \$150.00 !ary 1, 2006, Fee will be \$200.00					check payable to Department of Stat	•
9.	MANAGING MEMBE		10.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/C		
NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, STEVEN G JR 1814 N. 47TH ST	☐ Delete	TITLE			_	
GIT-31-ZF	TAMPA, FL 33605		NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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