

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION:

08 FEB 19 PM 1:22

DOCUMENT # L04000081651

1. Limited Liability Company's Name

Sunlite Studio, LLC

600117825906
02/12/08--01013--016 **416.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

2800 N. Federal Hwy

Suite, Apt. #, etc.

#8

City & State

BOCA RATON, FL

Zip

Country

33431

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida U.S.A

5. Date Organized or Qualified To Do Business in Florida

11/10/04

6. FEI Number

20-1823342

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LAVELLE BROWN, RONAN + MULLINS, P.A.

Street Address (P.O. Box Number is Not Acceptable)

750 South Dixie Hwy

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

by: Jeff M. BROWN, President

Date

1/22/08

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	Solange Santos	2800 N. Federal Hwy #8	BOCA RATON, FL 33431

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

Solange Santos

Date

2/06/08

Daytime Phone #

561.3919383

Typed or printed name of signing Managing Member/Manager

Solange Santos