

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 MAY 14 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000032439

1. Limited Liability Company's Name

Sunega Investment Co. LLC

600124381436
05/05/08--01008--008 **133.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 75 Cambridge PKWY Suite, Apt. #, etc. E1002 City & State Cambridge, MA Zip 02142		3. Mailing Office Address 75 Cambridge PKWY Suite, Apt. #, etc. E1002 City & State Cambridge, MA Zip 02142	
Country USA	Country USA		

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 26-0126473	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Michael G. ASMAR			
Street Address (P.O. Box Number is Not Acceptable) 71166 SW 47 St.			
Suite, Apt. #, Etc.			
City Miami	State FL	Zip Code 33155	

☐ 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

Michael G. ASMAR

Date March 28th, 2008

REGISTERED AGENT MUST SIGN

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	Ali F Al-Mutawa	75 Cambridge PKWY	Cambridge, MA 02142
REINSTATEMENT 2006-2008			
600124381436 04/18/08--01046--018 **382.50			
REINSTATEMENT 06-08			

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

Ali F Al-Mutawa

Date March 28, 2008 Daytime Phone # 011 965 9656509

Typed or printed name of signing Managing Member/Manager Ali F Al-Mutawa