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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6384

From: Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
Account Number : 076666003611  
Phone : (941)748-0100  
Fax Number : (941)745-2093

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*


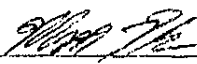
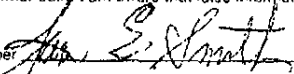
Email Address: epennington@blalockwalters.com

LIMITED LIABILITY REINSTATEMENT  
SUN WEST HOMES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$1,071.25

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000037765 1. Limited Liability Company's Name Sun West Homes, LLC					
2. Principal Office Address - No P.O. Box # 7301 Hamilton Road Suite, Apt. #, etc.		3. Mailing Office Address 7301 Hamilton Road Suite, Apt. #, etc.		CR2E041 (1/14)	
City & State Bradenton, FL		City & State Bradenton, FL		4. State/Country of Formation Florida/US	
Zip 34209	Country US	Zip 34209	Country US	5. Date Organized or Qualified To Do Business in Florida 04/18/2005	
6. FEI Number 20-2736197				Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status					
8. Name and Address of Current Registered Agent Name Blalock Walters, P.A. Street Address (P.O. Box Number is Not Acceptable) Suite, 802 11th Street West Apt. #, Etc. City Bradenton State FL Zip Code 34205					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 6/29/16 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	Jan E. Smith	7301 Hamilton Road		Bradenton/FL/34205	
P	Jan E. Smith	7301 Hamilton Road		Bradenton/FL/34205	
VP	Benjamin B. Smith	7301 Hamilton Road		Bradenton/FL/34205	
11. E-mail Address <u>epennington@blalockwalters.com</u>					
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. Signature of authorized representative/member  Date 7/1/16 Daytime Phone # 941-748-0100 Typed or printed name of signing authorized representative/member					

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