

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JAN -8 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300138074063  
11/19/08--01013--012 \*\*277.50  
CR2E041 (10/08)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000045891**

1. Limited Liability Company's Name

~~SUNLAND LLC~~      SUNLAND LLC  
~~SUNLAND REAL PROPERTY, LLC~~

2. Principal Office Address - No P.O. Box # 907 SW GRAND RESERVE BLVD.		3. Mailing Office Address 907 SW GRAND RESERVE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT ST. LUCIE, FLORIDA		City & State PORT ST. LUCIE, FLORIDA	
Zip 34986-2344	Country USA	Zip 34986-2344	Country USA

4. State/Country of Formation  
FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida 05/09/2005

6. FEI Number 202934778	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
JOHN VANEK

Street Address (P.O. Box Number is Not Acceptable)  
907 SW GRAND RESERVE BLVD.

Suite, Apt. #, Etc.

City PORT ST. LUCIE	State FL	Zip Code 34986-2344
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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 *John Vanek*      Date 11/14/2008

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
MGRM	JOHN VANEK	907 SW GRAND RESERVE BLVD.	PORT ST. LUCIE, FL 34986-2344
MGRM	MARY JANE VANEK	907 SW GRAND RESERVE BLVD.	PORT ST. LUCIE, FL 34986-2344

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 *John Vanek*      Date 11/14/2008      Daytime Phone # 772-979-6258

Typed or printed name of signing Managing Member/Manager JOHN VANEK