


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 17 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000083794

1. Limited Liability Company's Name

BISCAYNE SUNSHINE, L.L.C.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 7326 BISCAYNE BLVD.		3. Mailing Office Address 1225 NE 162 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State N. MIAMI BEACH, FLORIDA	
Zip 33138	Country MIAMI-DADE	Zip 33162	Country MIAMI-DADE

4. State/Country of Formation
FLORIDA / MIAMI-DADE

5. Date Organized or Qualified
To Do Business in Florida 08/24/2005

6. FEI Number
20-3444035

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

Applied For Not Applicable

8. Name and Address of Current Registered Agent

Name
HIDER, THOMAS L

Street Address (P.O. Box Number is Not Acceptable)
7326 BISCAYNE BLVD.

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33138

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 Thomas L Hider Date 11/10/08

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	HIDER, THOMAS L	7326 BISCAYNE BLVD.	MIAMI, FL 33138
MGR	HIDER, JOCELYNE D	7326 BISCAYNE BLVD.	MIAMI, FL 33138
			800138183668 11/21/08--01045--007 **138.75
			REINSTATEMENT 2007-2008 100138183711 11/21/08--01045--008 **88.75
			600138183766 11/21/08--01045--009 **50.00

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 Thomas L Hider Date 11/10/08 Daytime Phone # 321-282-5878

Typed or printed name of signing Managing Member/Manager THOMAS HIDER