

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

15 FEB 26 PM 10:43

DOCUMENT # L06000023894

1. Limited Liability Company's Name Sonlight Development, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 2305 Hill Street
3. Mailing Office Address 2305 Hill Street
City & State New Smyrna Beach, FL
Zip 32169 Country United States

4. State/Country of Formation Florida
5. Date Organized or Qualified To Do Business in Florida 03/06/2006
6. FEI Number 20-5052493
7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name Lawrence L. Kraker
Street Address (P.O. Box Number is Not Acceptable) 2305 Hill Street
City New Smyrna Beach State FL Zip Code 32169

400270011774
01/21/15--01027--005 **243.75
400270011774
02/26/15--01023--009 **133.75

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 [Signature] Date 1-14-15 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: MMGR, Lawrence L. Kraker, 2305 Hill Street, New Smyrna Beach, FL 32169. Includes stamp: REINSTATEMENT FEB 26 2015 R. HUNT

11. E-mail Address: L.Kraker@aol.com (To be used for future annual report notifications)

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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.
Signature of Authorized Representative/Manager [Signature] Date 1-14-15 Daytime Phone # 386-689-1776
Typed or printed name of signing Authorized Representative/Manager Lawrence L. Kraker