



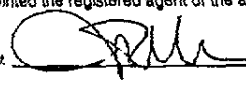
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1 of 2

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 JUL 28 AM 10:18	
DOCUMENT # L06000043376					
1. Limited Liability Company's Name SUN AND PALMS LLC					
2. Principal Office Address - No P.O. Box # 1221 Brickell Avenue Suite, Apt. #, etc.		3. Mailing Office Address 1221 Brickell Avenue Suite, Apt. #, etc.		4. State/Country of Formation FL	
City & State Miami, FL		City & State Miami, FL		5. Date Organized or Qualified To Do Business in Florida 4/24/06	
Zip 33131	Country USA	Zip 33131	Country USA	6. FEI Number 204881483	
				Applied For <input type="checkbox"/> 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 NRAI Services, Inc.					
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive					
Suite, Apt. #, Etc. Suite 4					
City Weston,		State FL	Zip Code 33331		
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. Original Signature of Registered Agent representative is attached hereto as page 2 REGISTERED AGENT MUST SIGN _____ Date _____					
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	Richard Bernstein	1221 Brickell Avenue		Miami, FL 33131	
MGRM	Sandra Blevins	1221 Brickell Avenue		Miami, FL 33131	
REINSTATEMENT MS 07-09 Let					
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 606.406, 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 _____		Date _____		Daytime Phone # 202-342-1054	
Typed or printed name of signing Managing Member/Manager _____					

pg 2 of 2

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<input type="checkbox"/> 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.																															
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FILED
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 DIVISION OF CORPORATIONS

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