PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Secretar	TMENT OF STATE y of State corporations		FILE:	(later	
DOCUMENT # 106000043	376	= ₹		NVISION OF CORPOR		
1. Limited Liability Company's Name		·	i	09 JUL 28 AM (C): 18	
SUN AND PALMS LLC		.		CR2E041 (10/08	_	
2. Principal Office Address - No P.O. Box #		0.114.7.(15/05)				
1221 Brickell Avenue	1221 Brickel	l Av <u>en</u> ue	-4	try of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	=·		ness in Florida	106	
City & State Miami, FL	City & State Miami. FL	<u>-</u>	6. FEI Numbe		Applied For	
Zip Country	Zip	Country	204881	7.9	Not Applicable	
33131 USA	33131	USA	CERTIFICATE	OF STATUS DESIRED X	00 Additional Fee required or a Certificate of Status	
8. Name and Address o	f Current Registered Age	nt				
Name NRAI Services, Inc.		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not				
Street Address (P.O. Box Number is Not Acceptable 2731 Executive Park Drive) . 2002	——————————————————————————————————————	receive the prior notices. By checking this box, you are certifying the prior notices were			
Suite, Apt. #, Etc. Suite_4		not received and requesting the \$ reinstatement be waived.				
City Weston,	State Zip Code FL 33331					
9. I, being appointed the registered agent of the about Original Signature of Reg Registered Agent	istered Agent	representative			page 2	
	EGISTERED AGENT MUS	SIGN				
10. Names and Street Addresses of Managing Me	mbers/Managers	De la Address d'Ess				
Titles Name of Managing Members/ Manag	ers	Street Address of Eac Managing Member/Mana	ager 	City / Sta	te / Zip	
MGRM Richard Bernstein	1221	Brickell Avenu	ie	Miami, FL 33	131	
MGRM Sandra Blevins	1221	Brickell Avenu	1e	Miami, FL 33	131	
		<u></u>				
	_	REINSTATEMENT				
		(1)	15	07-09	lect	
11. I certify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited liability company has as if made under oath. Signature of Manager	r dissolution has been elimb	nated, the limited liability com in indicated on this application	pany name satisfie n is true and accure	is the requirements of section	605.406, F.S., and that ve the same legal effect	

Typed or printed name of signing Managing Member/Manager _

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LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								TIVISION OF CORPORATE			
DOCUMENT # L06000043376 1. Limited Liability Company's Name							09 JUL 28 AM ID: 18				
sun and palms ilc						07.7	900158883259 07/24/0901009011 **521.25				
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address								1	CR2E041 (10/08)		
1			rickell Avenue			4. State/Cou	intry of Formation				
			Suite, Apt. #,	· · · · · · · · · · · · · · · · · · ·			FL	<u></u>			
				***				5. Date Organized or Qualified To Do Business in Florida 4/24/06			
City & State Miami,	FT.			City & State	& State			6. FEL Numb	6. FEL Number Applied For		
<u> </u>		·—–	<u> </u>		Miami, FL			- 1	204881483 Not Applicable		
Zip		Countr	•	Zip		Count	•	7. CERTIFICAT	TE OF STATUS DESIRED X 55.00 Additional Fee require		
33131		US.		33131		US,	<u>A</u>		for a Certaicate of Status		
		8. Na	me and Address	of Current Regis	tered Ager	ri .	<u> </u>				
Name	NRAI	Serv:	ices, Inc	•		٠.	-		☐ A \$100 reinstatement fee is Imposed, except in circumstances which the entity did not		
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive						receiv	receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100				
Suite, Apt. *, Etc.						not r					
Suite 4 Gity Weston,				 _	state Zip Code reinstatement be walved.						
9. Laeign s	annointed the	e reniste:	red agent of the et	ove nemed limite	d liability or	mosov		of accept the oblig	ations of Chapter 608, F.S.		
		- X			· · · · · · · · · · · · · · · · · · ·	, <u>. </u>			_		
Signature of Registered Agent REGISTERED AGENT MUST SIGN						- :	Date 7-22-09'				
			,	REGISTERED AG	ENI MUST	SIGN					
10. Neme	s and Street	Address	es of Managing Me	mbers/Managers	s 1 · - · · · ·						
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager				City / State / Zip				
MGRM	MGRM Richard Bernstein			1221 Brickell Avenue			ine	Miami, FL 33131			
MGRM	MGRM Sandra Blevins			1221 Brickell Avenue			nue	Miami, FL 33131			
			<u> </u>								
	· · · · · · · · · · · · · · · · · · ·		agt.								
11.) 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 turther certify that when filling 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 M		ager		· · · · · · · · · · · · · · · · · · ·			Date		Daytime Phone #		
Typed or printed name of signing Managing Member/Manager											