PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 SEP 19 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300212309143
09/19/11--01056--007 **793.75

CR2E041 (1/11)

DOCUMENT # L06000112640

1. Limited Liability Company's Name

Cydune Group, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
456 Cypress Drive	100 Summer Breeze Glen
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Santa Rosa Beach, FL	City & State: Sugar Hill, GA
Zip: 32459 Country: US	Zip: 30518 Country: US

4. State/Country of Formation: Florida / US

5. Date Organized or Qualified To Do Business in Florida: 11/21/2006

6. FEI Number: 20-8098645 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 (additional cost required for Certificate of Status)

8. Name and Address of Current Registered Agent

Name: Mike O'Brien, PC

Street Address (P.O. Box Number is Not Acceptable): 6520 E Bay Blvd

Suite, Apt. #, Etc.

City: Gulf Breeze State: FL Zip Code: 32563

E-mail Address: clay@levellot.com
(To be used for future annual report notices)

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 Michael O'Brien Date 9-14-11
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	William C Berkhan	100 Summer Breeze Glen	Sugar Hill, GA 30518
MGRM	Kurt A Blumthal	222 Beech Tree Hollow	Sugar Hill, GA 30518
MGRM	Stephen F Suarino	220 Long Needle Court	Sugar Hill, GA 30518
		REINSTATEMENT 2007-11 SBH	

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 608.408, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager William C Berkhan Date 9-14-11 Daytime Phone # 770-932-7855

Typed or printed name of signing Managing Member/Manager