

04/22/2011

09:44 HARRIS CRAMER LLP

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Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
SUNSET TRUST INVESTMENT LLC

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L0800011313 '4					
1. Limited Liability Company's Name Sunset Trust Investment LLC					
2. Principal Office Address - No P.O. Box # c/o 3507 Kyoto Gardens Drive			3. Mailing Office Address c/o 3507 Kyoto Gardens Drive		
Suite, Apt. #, etc. Suite 320			Suite, Apt. #, etc. Suite 320		
City & State Palm Beach Gardens, FL			City & State Palm Beach Gardens, FL		
Zip 33410	Country USA	Zip 33410	Country USA	4. State/Country of Formation Florida	
				5. Date Organized or Qualified To Do Business in Florida 12-10-2008	
				6. FBI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Harris Cramer LLP					
Street Address (P.O. Box Number is Not Acceptable) 3507 Kyoto Gardens Drive					
Suite, Apt. #, Etc. Suite 320					
City Palm Beach Gardens			State FL	Zip Code 33410	
E-mail Address: dmarkowski@harrisramer.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. Harris Cramer LLP by Michael Harris, P.A., its Partner					
Signature of Registered Agent By Michael D. Hollis / REGISTERED AGENT MUST SIGN President Date 4/22/11					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	Jean Carlo Nardi	Via Monte Civetta 21 34015		Conegliano Veneto Italy	
REINSTATEMENT 09-11					
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 608.405, F.S., and that all fees owed by the limited liability company have been paid. The information provided 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.817.165, F.S.					
Signature of Managing Member/Manager Jean Carlo Nardi Date 4/22/2011 Daytime Phone 9032 497 543 57					
Typed or printed name of signing Managing member/Manager Jean Carlo Nardi					