PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
15 MAR -3 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000054035

1. Limited Liability Company's Name
1517033 Sunshine, LLC

CR2E041 (1/14)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 7797 N. University Dr. | 7797 N. University Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Ste 205 | Ste 205 |
| City & State | City & State |
| Tamarac, FL | Tamarac, FL |
| Zip / Country | Zip / Country |
| 33331 / United States | 33331 / United States |

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
05/19/2010

6. FEI Number ☒ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Bhupen Vakharia

Street Address (P.O. Box Number is Not Acceptable)
7797 N. University Dr.

Suite, Apt. #, Etc.
Ste. 205

City: Tamarac | State: FL | Zip Code: 33331

700270208487
03/03/15--01031--007 **793.75

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: Bhupen Vakharia Date: 2/20/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|---|---|---|---|
| MGR | Mahendra Jain | 7797 N. University Dr. Ste 205 | Tamarac, FL 33321 |
| MGR | Bindu Jain | 7797 N. University Dr. Ste 205 | Tamarac, FL 33321 |
| | REINSTATEMENT 2011-2015 | | S. HAWKES MAR -3 A.M. EXAMINER |

11. E-mail Address: brvcpa@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 605, 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: 20/feb/2015 Daytime Phone #: 416-837-7166

Typed or printed name of signing Authorized Representative/Manager: Mahendra Jain