

H150000076233

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 JAN -9 PM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000122886

1. Limited Liability Company's Name

SUN INVESTMENTS OF MIAMI BEACH I, L.L.C.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

311 86th Street #4

Suite, Apt. #, etc.

3. Mailing Office Address

311 86th Street #4

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/24/2010

6. FBI Number

320373178

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Archival Fee (included
for a Certificate of Status)

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

US

Zip

33141

Country

US

8. Name and Address of Current Registered Agent

Name

Incorp Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

17888 67th Court North

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

JoAnne Stefanov for Incorp Services, Inc.

Date 12/29/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	OPTIMUS US PROPERTIES HOLDINGS, L.L.C.	311 86th Street #4	Miami Beach, FL 33141
MGRM	DMS MGMT.	DMS HOUSE, PO BOX 31910	GRAND CAYMAN, CAYMAN ISLS, OC KY1-1-208 OC

REINSTATEMENT

2015

11. E-mail Address: managedreports@incorp.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

Date 12/29/2014

Daytime Phone # 788-422-8727

Typed or printed name of signing Authorized Representative/Manager Krisia Del Prado Authorized Representative

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

*Please forward to
Becky McKnight
for review*

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: *managedreports@incorp.com*

**LIMITED LIABILITY REINSTATEMENT
SUN INVESTMENTS OF MIAMI BEACH I, L.L.C.**

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