1 of 2

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13 APR 18 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000026682

1. Limited Liability Company's Name
Sundara LLC

REINSTATEMENT 12-13

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
762 NW 123 Drive	762 NW 123 Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33071 Country: US	Zip: 33071 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: L11000026682

6. FEI Number: 27-5374403 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name: Ian Lis
Street Address (P.O. Box Number is Not Acceptable): c/o Tripp Scott, PA
Suite, Apt. #, etc.: 110 SE 6th St, Floor 15
City: Ft Lauderdale State: FL Zip Code: 33301

E-mail Address:
cbv@trippscott.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: _____ Date: April 17, 2013
REGISTERED AGENT MUST SIGN

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
MGRM	Cynthia Montalvo	762 NW 123 Drive	Coral Springs, FL 33071

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 now 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; 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: _____ Date: April 17, 2013 Daytime Phone #: 954-812-2201

Typed or printed name of signing Managing Member/Manager: Cynthia Montalvo, Managing Member

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LIMITED LIABILITY REINSTATEMENT
SUNDARA LLC

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