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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 14 OCT 28 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L1200010928

1. Limited Liability Company's Name
SUN TIM LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5625 STRAND BLVD	5625 STRAND BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34110 Country:	Zip: 34110 Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 08-24-2012

6. FEI Number: 46-0865577 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

500265972245

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: Courtney Williams Asst. Vice President Date: 10.28.14

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
D	TIMOTHY COOPER	5625 STRAND BLVD	NAPLES, FL 34110
D	CASEY COOPER	5625 STRAND BLVD	NAPLES, FL 34110
D	SAMANTHA COOPER	5625 STRAND BLVD	NAPLES, FL 34110
D	KRISTEN COOPER	5625 STRAND BLVD	NAPLES, FL 34110
D	ASHLEY COOPER	5625 STRAND BLVD	NAPLES, FL 34110

11. E-mail Address: COACHTLCOOP@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: Date: 10/25/14 Daytime Phone: (732) 948-9450

Typed or printed name of signing Authorized Representative/Manager: Mr. Timothy Cooper

RE 10/29/14

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CORPORATION SERVICE COMPANY®

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14 OCT 28 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 338244 7901318

AUTHORIZATION :

COST LIMIT : $238.75

ORDER DATE : October 15, 2014

ORDER TIME : 2:45 PM

ORDER NO. : 338244-020

CUSTOMER NO: 7901318

DOMESTIC FILINGS

NAME: SUN TIM LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____