PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 27 PM 11:02

DOCUMENT # L98-2716

1. Limited Liability Company's Name
Florida Sun Gardens, L.C.

REINSTATEMENT 2000

2. Principal Office Address	3. Mailing Office Address
4646 West Irlo Bronson Mem. Hwy	c/o 823 McCulls Mill Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, FL	City & State: Lexington, KY
Zip: 34746 Country:	Zip: 40515 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 1998

6. FEI Number: 59-3559751 ☐ 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

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****150.00 ****150.00

Name: Rob Slaman

Street Address (P.O. Box Number is Not Acceptable): 4646 West Iro Bronson Memorial Highway

Suite, Apt. #, Etc.:

City: Kissimmee State: FL Zip Code: 34746

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: [signature] Date: 10/24/2000

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR Member	William D. Brown	823 McCulls Mill Rd Lexington, KY 40515	Lexington, KY 40515
MGR Member	Ben Nadasy	c/o 823 McCulls Mill Rd	
MGR Member	Svend Hulth	Rue Albert Desenfans 25	
MGR Member	Michel Vanderslagen	B-1420 Braine l'Alleud Belgium	

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 608.406, 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.

Signature of Managing Member/Manager: [signature] Date: 10/22/00 Daytime Phone #: 859-263-3366

Typed or printed name of signing Managing Member/Manager: William D. Brown