

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED
THIS FORM
ON OF CORPORATIONS

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 10 PM 3:27

DOCUMENT # L99000001647

1. Limited Liability Company's Name

New Sun Grove, LLC

900030247769
03/10/04--01077--005 **200.00

2. Principal Office Address

141 Barton Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 719

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

City & State

Glen Echo, MD

Zip

20812

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/23/1999

6. FEI Number

52-2167738

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

William L. Walde

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

141 Barton Avenue

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

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

William Walde

REGISTERED AGENT MUST SIGN

Date

3/9/04

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 |
|--------------------|--------------------------------------|---|----------------------|
| managing member | William L. Walde | 141 Barton Ave | Palm Beach, FL 33480 |
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REINSTATEMENT

03-04
dec

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

William Walde

Date

3/9/04

Daytime Phone #

301-320-9595

Typed or printed name of signing Managing Member/Manager

William L. Walde

CR2E041 (10/02)