

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 NOV 20 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99000006083

1. Limited Liability Company's Name

MRM SUNSHINE HOSPITALITY I, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 7 CARISSA COURT		3. Mailing Office Address 7 CARISSA COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GREER, SC		City & State GREER, SC	
Zip 29650	Country USA	Zip 29650	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 10/26/1999	
6. FEI Number 56-2171492	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
SATYA B SHAW

Street Address (P.O. Box Number is Not Acceptable)  
13014 N DALE MABRY

Suite, Apt. #, Etc.  
SUITE 109

City  
TAMPA

State  
FL

Zip Code  
33618

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Saty B. Shaw Date 11/13/2007

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
MGRM	MRM UNIVERSAL MGMT, INC.	7 CARISSA COURT	GREER, SC 29650
			000112610700 11/27/07--01047--005 **405.00
			REINSTATEMENT 00-07

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 Mukund J. Desai Date 11/13/2007 Daytime Phone# 864-297-8794

Typed or printed name of signing Managing Member/Manager MUKUND J DESAI, VICE PRESIDENT, MRM UNIVERSAL MGMT, INC