

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -7 PM 12: 26

DOCUMENT # L99000007072

1. Limited Liability Company's Name

MRM SUNSHINE HOSPITALITY II, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
7 CARISSA COURT

Suite, Apt. #, etc.

3. Mailing Office Address
7 CARISSA COURT

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
56-2171490

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
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 *[Signature]*

Date **11/26/2007**

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
MGMBR	MRM UNIVERSAL MGMT, INC	7 CARISSA COURT	GREER, SC 29650
			500112663305
			11/26/07--01045--011 ***405.00
REINSTATEMENT <i>W/O Penalty 2007</i> <i>[Signature]</i>			

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 **11/26/2007** Daytime Phone # **864-297-8794**

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