

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002710

Name and Mailing Address

0007998 01 FP 0.352 **PRSR T4 0 0615 48306-141540



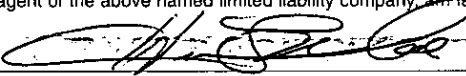
SUNNYBONS, LLC
4840 ADAMS RD.
ROCHESTER HILLS MI 48306-1415



2. New Mailing Address 2600 AUBURN RD. SUITE 240 City, State, Zip AUBURN HILLS, MICH. 48326		4. State/Country of Formation MI	
Principal Place of Business 4840 ADAMS RD. ROCHESTER HILLS MI 48306		5. Date Organized or Qualified To Do Business in Florida 12/03/2001	
3. New Principal Place of Business Address 2600 AUBURN RD. City, State, Zip AUBURN HILLS, M.		6. FEI Number 38-3631330 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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  Date 12-11-02

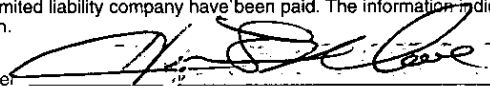
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MOORE, HERMAN J	2950 CRANBROOK RIDGE CT.	ROCHESTER HILLS MI

300009230003
11/26/02--01084--013 **150.00

REINSTATEMENT 02
OC

12. 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  Date 11-11-02 Daytime Phone # (248) 853-4013

Typed or printed name of signing Managing Member/Manager