PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000002710

1. Limited Liability Company's Name
Sunnybons, LLC

2. Principal Office Address		3. Mailing Office Address	
2600 Auburn Road,		2600 Auburn Road	
State, Apt. #, etc.		State, Apt. #, etc.	
#240		#240	
City & State		City & State	
Auburn Hills, Mi		Auburn Hills,Mi	
Zip	Country	Zip	Country
48326	USA	48326	USA

4. State/Country of Formation: Mi
5. Date Organized or Qualified To Do Business in Florida: 12/03/2001
6. FEI Number: 38-3631330 (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: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd
Suite, Apt. #, Etc:
City: Plantation | State: FL | Zip Code: 33324

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: Claudia L. Saari — REGISTERED AGENT MUST SIGN
Claudia L. Saari Asst. Secretary
Date: 5/13/04

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/ Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Moore, Herman J.	2950 Cranbrook Ridge CT	Rochester Hills, Mi

REINSTATEMENT 03-04

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 608.408, F.S., and that all taxes 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: 5/12/04 Daytime Phone #: 248-353-4013

Typed or printed name of signing Managing Member/Manager: Herman J. Moore

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

SUNNYBONS, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	$205.00

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