


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|--|-----------------------------------|---|--------------------------------------|
| DOCUMENT # MO2000002703 | | | |
| 1. Limited Liability Company's Name Sun Morey Transfer, LLC | | | |
| 2. Principal Office Address - No P.O. Box # 8525 NW 53RD Terrace | | 3. Mailing Office Address 8525 NW 53RD Terrace | |
| Suite, Apt. #, etc. Suite 114 | | Suite, Apt. #, etc. Suite 114 | |
| City & State Doral, Florida | | City & State Doral, Florida | |
| Zip 33166 | Country USA | Zip 33166 | Country USA |
| 4. State/Country of Formation FL / USA | | 5. Date Organized or Qualified To Do Business in Florida 10/11/02 | |
| 6. FEI Number 55-0790045 | | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 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 | | | |
| Name Delroy Howell | | | |
| Street Address (P.O. Box Number is Not Acceptable) 4415 SW 179th Way | | | |
| Suite, Apt. #, Etc. | | | |
| City Miami | | State FL | Zip Code 33029 |
| 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 2/26/09 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 |
| MGR | Howell, Delroy | 4415 SW 179 th Way | Miami, FL 33029 |
| MGR | Chong, Michelle | 4415 SW 179 th Way | Miami, FL 33029 |
| | S. HAWKES | | |
| | MAR 11 2009 | 300145070039 | 03/05/09--01037--017 **421.25 |
| | EXAMINER | REINSTATEMENT | |
| | | 2007-09 | |
| 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 2/26/09 Daytime Phone # 305 463 9260 | | | |
| Typed or printed name of signing Managing Member/Manager Michelle Chong | | | |