PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUL 14 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000182478250
06/22/10--01022--007 **798.75

DOCUMENT # M03000003697

1. Limited Liability Company's Name

06

ADL Investments, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
7750 N. MacArthur Blvd.		3318 Forest Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
120-221		200	
City & State		City & State	
Irving, TX		Dallas, TX	
Zip	Country	Zip	Country
75063		75234	

4. State/Country of Formation: Texas

5. Date Organized or Qualified To Do Business in Florida: 11/4/03

6. FEI Number: 270011398 ☐ 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: Incorp Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 17888 67th Court North

Suite, Apt. #, Etc.:

City: Loxahatchee | State: FL | Zip Code: 33470

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: for Incorp Services, Inc. Date: 6-18-10
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
MGMR	Guillermo Perales	7750 N. MacArthur Blvd. No. 120-221	Irving, TX 75063

REINSTATEMENT 2006, 07, 08, 09 & 2010

mp 7/15/10

11. E-mail Address: Dmiller@sunholdings.net (To be used for future annual report notifications)

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 608.408, 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: 6/18/10 Daytime Phone #: 972-620-2287

Typed or printed name of signing Managing Member/Manager: Guillermo Perales