2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 10 AM 10:02

DOCUMENT # M03000003731

1. Entity Name
SUNNY CORRAL MANAGEMENT, LLC

Principal Place of Business	Mailing Address
7750 N. MAC ARTHUR, SUITE 120-221 IRVING, TX 75063	7750 N. MAC ARTHUR, SUITE 120-221 IRVING, TX 75063

10062006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 59924	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Dallas, Texas	
Zip	Country	Zip: 75229	Country

4. FEI Number: 41-1609289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOBBYN, RICK 6942 W. HILLSBOROUGH TAMPA, FL 33634	Name: Capitol Corporate Service, Inc. Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Dr, Ste A City: Tallahassee FL Zip Code: 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Delanie Case Delanie Case, asst. sec. 10/6/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00
After January 1, 2007, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERALES, GUILLERMO 7750 N. MAC ARTHUR, SUITE 120-221 IRVING, TX 75063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080690695 10/10/06--01062--003 **150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #