PLEASE READ ALL INSTRUCTIONS BEFORED	30 20 FILE
ABILITY FLORIDA DEPARTMENT OF STATE	SEC. SEP 10

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	UMENT		,, , , , , , , , , , , , , , , , , , ,					E_{BI}^{*}				PLORIL
Sunforest Holdings LLC				(15			4001		13	394	
		ss - No P.O. Box #	3. Mailing Of						CR	2E041 (1/07)		
c/o Great Point Investors LLC c/o Great			c/o Great f	n: Jenny Macheras at Point Investors LLC			[4. State/Country of Formation Delaware				
Suite, Apr. #, etc. 2 Center Plaza Suite 410 Suite, Apr. # 2 Cent			er Plaza Suite 410			}	5. Date Organized or Qualified To Do Business in Florida 9/2/2004					
		Boston	n MA 02108				6. FEI Number			Applied For		
02108	3	Country USA	^{Zip} 02108		Coun US	A	}	7. CERTIFICAT	E OF STATUS DES	\$5.00 for	Additi	onal Fee required ficate of Status
		8. Name and Address of	Current Regist	ered Agent	ı							
Name	oration S	ervice Compan							0 reinstatem		•	
Sireet Address (P. O. Box Number is Not Acceptable) 1201 Hays Street					in circumstances which the entity did not receive the prior notices. By checking this							
Suite, Apt							\dashv	-	ou are certify eceived an			
Çity	_				State	Zip Gode	, -		itement be w	•	•	
Tallal	nassee				FL	32301						
9. I, being Signature of Registered	of _	registered agent of the above	re named limited	elle		Sar	ah K	cept the obligation of the control o		608, F.S. 9/10/	07	
10. Name	es and Street A	ddresses of Managing Mem	bers/Managers									
Titles	M	Name of lanaging Members/Manage	ırs			treet Address o aging Member/		r		City / State /	Zip	
MGR	Gary R.	Schwandt		c/o Great Point Investors LLo Two Center Plaza, Suite 410					Boston, MA 02108			
MGR	Joseph A	A. Versaggi		c/o Great Point Investors LLC Two Center Plaza, Suite 410				T				
MGR	Randolp	oh L. Kazazian	TTT (c/o Great Point Investors LLC Two Center Plaza, Suite 410			s LLC	C Poston MA 02108				
MCP Daniel C Magleowiels		c/o Great Point Investors LLC Two Center Plaza, Suite 410			Boston, MA 02108							
				PEIN	!S1	TATEN	EN	12	00	5 .	2	200

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.

* 1. * * *

Signature of Managing Member/Manager Cudosal Z. 133 (on THE Date 9/6/4)

Typed or printed name of signing Managing Member/Manager Randolph L. Kazazian III

_ _{Date} 9/6/07

ACCOUNT NO.	:	0721000000	032	
REFERENCE	:	220594	7140955	
AUTHORIZATION	:	Sance	Seena	
COST LIMIT	:	\$ 250.00	- Child	SEC SEC
ORDER DATE: September 10, 20 ORDER TIME: 3:14 PM ORDER NO: 220594-005 CUSTOMER NO: 7140955	007	BK		RETARY OF STATE AND A SEE FLORIDA
REINSTATEM	ENT			
NAME: SUNFOREST HON	PDIN	GS LLC	BK	RECEIVED 07 SEP 10 PM 4:17 BLANCE SEP 10 PM 4:17
PLEASE RETURN THE FOLLOWING AS	S PR	OOF OF FIL	ENG:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD ST	TAND	ING		
CONTACT PERSON: Kathy Drake				
EX	ΔΜΤΝ	ER'S INTTI	21.9	