M04000005679

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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FILED
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DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

SUM MEZZ, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	~~$200.00~~ $100.00

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Thompson DEC 27 2007

December 24, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUM MEZZ, LLC
1200 BRICKELL AVE
STE 1460
MIAMI, FL 33131

SUBJECT: SUM MEZZ, LLC
REF: M04000005679

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H07000304367
Letter Number: 107A00071352

P.O BOX 6327 – Tallahassee, Florida 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 DEC 27 AM 8:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M04000005679

1. Limited Liability Company's Name
SUM MEZZ, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
801 Brickell Avenue		801 Brickell Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Penthouse II		Penthouse II	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 12/27/04

6. FEI Number — 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

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Peter F. Souza Assistant Secretary — Date: 12/20/07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	THE GENCOM GROUP	801 BRICKELL AVENUE PH 2	MIAMI/FL/33131

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 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: 12.18.07 Daytime Phone #: 305.442.9808

Typed or printed name of signing Managing Member/Manager: GREGORY A. DENTON

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