PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR -4 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 02000012956

1. Limited Liability Company's Name
SDE, LLC

03

BK

2. Principal Office Address	3. Mailing Office Address
4000 N. Fed. Hwy	1000 Omni Blvd
Suite, Apt. #, etc.: St. 206	Suite, Apt. # etc.: c/o PJ HAMADA
City & State: Boca Raton, Fl	City & State: Newport News VA
Zip: 33431 County: USA	Zip: 23606 County: USA

4. State/Country of Formation: Florida - USA
5. Date Organized or Qualified To Do Business in Florida: 5/28/2002
6. FEI Number: 20-0814847 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name: Linda O. MacLaren
Street Address (P.O. Box Number is Not Acceptable): 798 S. Federal Highway
Suite, Apt. #, Etc.: Suite 100
City: Boca Raton
State: FL Zip Code: 33431

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: Linda O MacLaren Date: 3/2/05
REGISTERED AGENT MUST SIGN

CR2E041 (1/99)

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	Nicholas Economos	4000 N. Fed. Hwy.	Boca Raton, Fl 33431
	REINSTATEMENT 2003-2005		000047727520

11. I certify that I am a managing member/manager or the receiver, trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the records of 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 reported 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: 3/2/05 Daytime Phone #: 561 843 5552

Typed or printed name of signing Managing Member/Manager: Nicholas Economos

CSC
CORPORATION SERVICE COMPANY

L02U00012956

ACCOUNT NO. : 072100000032

REFERENCE : 237359 11303A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 255.00

ORDER DATE : March 3, 2005

ORDER TIME : 9:22 AM

ORDER NO. : 237359-025

CUSTOMER NO: 11303A

CUSTOMER: Linda Maclaren
Osborne & Osborne, P.a.
Suite 100
798 South Federal Highway
Boca Raton, FL 33432

FILED
05 MAR -4 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: SDE, LLC

RECEIVED
05 MAR -4 AM 11:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS _____