

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**


10 NOV -9 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/09/10--01033--012 **521.25

CR2E041 (05/10)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000082676
1. Limited Liability Company's Name
South West Holdings, LLC

2. Principal Office Address - No P.O. Box # 750 Route 73 South		3. Mailing Office Address 750 Route 73 South	
Suite, Apt. #, etc. Suite 501		Suite, Apt. #, etc. Suite 501	
City & State Marlton, NJ		City & State Marlton, NJ	
Zip 08053	Country USA	Zip 08053	Country USA

4. State/Country of Formation FL/USA		
5. Date Organized or Qualified To Do Business in Florida 11/2004		
6. FEI Number 753174519	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SEE Additional Information on Certificate of Status</small>		

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 Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

REINSTATEMENT *Z00810 SRM*

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 *x*  **RONNIE SPRULL, JR.**
Vice President

Date **10/29/10**

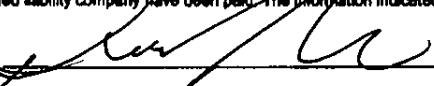
REGISTERED AGENT MUST SIGN

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
MGRM	Gibson, David	3 Willow Way Ct	Cherry Hill, NJ 08034
MGRM	Chiusano, Philip	1 Hedgerow Lane	Newton Square, PA 19073

11. E-mail Address: *dgibson@dmpholdingsgroup.com* (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 608.406, 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.

Signature of Managing Member/Manager  Date **10/30/10** Daytime Phone # **856-669-8634**

Typed or printed name of signing Managing Member/Manager _____