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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000001161

1. Limited Liability Company's Name
Southern Metal Products, LLC

11/9

2. Principal Office Address	3. Mailing Office Address	4. State/Country of Formation
450 West McNab	3473 Satellite Blvd., Ste. 211	Delaware
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida: 05/24/01
City & State: Ft. Lauderdale, FL	City & State: Duluth, GA	6. FEI Number: 65-1105311 (Applied For / Not Applicable)
Zip: 33309 Country: USA	Zip: 30096 Country: USA	7. CERTIFICATE OF STATUS DESIRED ☐

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

8A. 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: Connie Boyer Special Asst. Secretary Date: 11/9/04
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Sukram Holdings, LLC	3473 Satellite Blvd., Ste. 211	Duluth, GA 30096

REINSTATEMENT 2004

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. This 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: James E Kelly Date: 11-9-04 Daytime Phone #: 770-813-0070

Typed or printed name of signing Managing Member/Manager: Sukram Holdings, LLC, By NAI Insurance Agency, Inc., By James E. Kelly, its President

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

SOUTHERN METAL PRODUCTS, LLC

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