

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

11 OCT 14 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M10000000738**

1. Limited Liability Company's Name

S & G Enterprises RTO, LLC

CR2E041 (1/11)

011

2. Principal Office Address - No P.O. Box # 1101 E. WOOD		3. Mailing Office Address 1101 E. WOOD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PARIS, TN		City & State PARIS, TN	
Zip 38242	Country USA	Zip 38242	Country USA

4. State/Country of Formation TN	
5. Date Organized or Qualified To Do Business in Florida 2-16-10	
6. FEI Number 205000263	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 ROAD		
Suite, Apt. #, Etc.		
City PLANTATION	State FL	Zip Code 33324

E-mail Address:
900213313779
10/14/11--01026--013 **238.75
stevgreer@bellsouth.net
(To be used for future annual report notices)

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 *Bernadette McNamara* **Bernadette McNamara**
Assistant Secretary Date 10/7/2011

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	SULLIVAN INVESTMENT GROUP, INC	1101 E. WOOD	PARIS, TN 38242
MGRM	STEVE GREER	1101 E. WOOD	PARIS, TN 38242

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Steve Greer* Date 10/10/11 Daytime Phone # 731-642-8007

Typed or printed name of signing Managing Member/Manager **STEVE GREER**