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Florida Department of State  
Division of Corporations  
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**LIMITED LIABILITY REINSTATEMENT  
SG ASSETS, LLC**


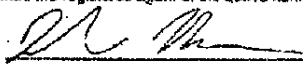
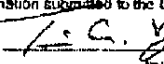
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> M14000007959			
1. Limited Liability Company's Name SG Assets, LLC			
2. Principal Office Address - No P.O. Box # 3453 Koehn Drive		3. Mailing Office Address 3453 Koehn Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Harrisonburg, VA		City & State Harrisonburg, VA	
Zip 22802	Country USA	Zip 22802	Country USA
		4. State/Country of Formation Virginia	
		5. Date Organized or Qualified To Do Business in Florida 11/03/2014	
		6. FEI Number 47-1767580	Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name C T 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
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent 		Date 09/14/2016	
REGISTERED AGENT MUST SIGN <b>Jordan Brown</b> Assistant Secretary			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
PCFO	Timothy Heydon	3453 Koehn Drive	Harrisonburg, VA 22802
11. E-mail Address: <u>Richard@freshhector.com</u> <small>(To be used for future annual report notifications)</small>			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.			
Signature of Authorized Representative/Manager 		Date 9/14/2016	Daytime Phone # 540-896-6939
Typed or printed name of signing Authorized Representative/Manager Timothy Heydon			

RE 9/15/16