

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

Suite, Apt. #, etc.

3. Mailing Office Address
1101 E. WOOD

Suite, Apt. #, etc.

4. State/Country of Formation

TN

5. Date Organized or Qualified To Do Business in Florida

2-16-10

City & State

PARIS, TN

City & State

PARIS, TN

6. FEI Number

205000263

Applied For

Not Applicable

Zip

38242

Country

USA

Zip

38242

Country

USA

7. CERTIFICATE OF STATUS DESIRED

\$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

stevegreer@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**