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: 29 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 #	3. Mailing Office Address	
1101 E. WOOD	1101 E. WOOD	4. State/Country of Formation TN
Suite, Apt. #, etc.	Suite, Apt. #, etc.	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:
9002133137779
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   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 _____   Date 10/10/11   Daytime Phone # 731-642-8007

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

FL110 - 01/19/2011 C T System Online