PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE
Secretary of State
Secretary of State **LIMITED LIABILITY** COMPANY 03 AFR 15 AM 11: 22 REINSTATEMENT DIVISION OF CORPORATIONS 2001-20031*11*3 DOCUMENT # M00000001540 1. Limited Liability Company's Name SGH-MOORESVILLE, LLC 600016065366 04/15/03--01032--011 **150.00 2. Principal Office Address 3. Mailing Office Address 122 Cherokee Road 122 Cherokee Road 4. State/Country of Formation North Carolina Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 7/31/2000 City & State City & State Applied For 6. FEI Number Charlotte, NC Charlotte, NC 56-2158201 Not Applicable Country Zip Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status 28207 USA 28207 USA 8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. Cltv State Zip Code Tallahassee 32301 9. I, being appointed the registered agent of the above named limited llability company and children with the registered agent of the above named limited llability company and children with the registered agent of the above named limited llability company and children with the registered agent of the above named limited llability company and children with the registered agent of the above named limited llability company and children with the registered agent of the above named limited llability company and children with the registered agent of the above named limited llability company and children with the registered agent of the above named limited llability company and children with the registered agent of the above named limited llability company and children with the registered agent of the above named limited llability company and children with the registered agent of the above named limited llability company and children with the registered agent of the registered agent as its agent Signature of REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip Steven G. Harris 122 Cherokee Road Charlotte, NC 28207 J. Bradley Murr 122 Cherokee Road Charlotte, NC 28207 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 filling 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.

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager



122 Cherokee Road Charlotte North Carolina 28207

704. 377-6224 Phone 704. 342-3453 Fax www.harrismurr.com

April 9, 2003

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Florida 32314

Re:

SGH-Mooresville, LLC (Document #M0000001540)

Dear Sir or Madam:

With regard to the above referenced entity, it has been brought to my attention that it is now inactive due to failure to submit annual reports. Please be aware that we never received any UBR's. Had we received them, we would have submitted them by the appropriate time. Please find enclosed a Limited Liability Company Reinstatement form and check #1074 in the amount of \$150.00 made payable to Department of State.

Please let me know should you have any questions.

Sincerely,

even G. Harris

7

J. Bradley Murr

Énclosures

03 APR 15 AMII: 7