

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 10 AM 10: 30

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A99000001748

1. Limited Liability Company's Name

SDP REAL PROPERTY, LTD.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 8706 HICKORYWOOD LANE		3. Mailing Office Address P. O. BOX 286	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State SHALIMAR, FL	
Zip 33615	Country USA	Zip 32579	Country USA

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 10/26/1999	
6. FEI Number 02-0561847	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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
FRANKLIN C JONES

Street Address (P.O. Box Number is Not Acceptable)
8706 HICKORYWOOD LANE

Suite, Apt. #, Etc.

City
TAMPA, FL

State
FL

Zip Code
33615

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Franklin C Jones* Date *7-28-09*

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
	SDP HOLDINGS, INC.	8706 HICKORYWOOD LANE	TAMPA, FL 33615
REINSTATEMENT 04-09			
400159415094 08/10/09--01013--003 **3500.00			

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.

Signature of Managing Member/Manager *Franklin C Jones* Date *7/28/09* Daytime Phone # *813-789-2384*

Typed or printed name of signing Managing Member/Manager *FRANKLIN C JONES TRUSTEE*