

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 2004 8:00 A.M.
Secretary of State

DOCUMENT # L01000006664

1. Limited Liability Company's Name

SGC ENTERPRISES, LLC

2. Principal Office Address

1001 CENTRAL AVENUE

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34236

Country

USA

3. Mailing Office Address

2033 MAIN STREET

Suite, Apt. #, etc.

SUITE 600

City & State

SARASOTA, FLORIDA

Zip

34237

Country

USA

100023816881

10/15/03 01052 002 \$50.00

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

04/30/2001

6. FEI Number

65-1104473

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

J. GEOFFREY PFLUGNER

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

2033 MAIN STREET

Suite, Apt. #, Etc.

SUITE 600

City

SARASOTA

State

FL

Zip Code

34237

100023816881

05/05/04 01016 006 \$200.00

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

REGISTERED AGENT MUST SIGN

Date

4/27/04

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
MGR	KRIS HAGER	1001 CENTRAL AVENUE	SARASOTA, FLORIDA 34236

REINSTATEMENT

2003-04

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

Date

4/27/04

Daytime Phone #

941-955-4034

Typed or printed name of signing Managing Member/Manager

KRIS HAGER

CR2E041 (10/02)