Division of Corporations

L01000018861

Florida Department of State

Division of Corporations
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

SR, LLC

Certificate of Status	01
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Estimated Charge	~~$150.00~~

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 24 PM 1:22

DOCUMENT # L01000018861

1. Limited Liability Company's Name
SR, LLC

2. Principal Office Address	3. Mailing Office Address
1850 Miami Road	1850 Miami Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33316 Country: Broward	Zip: 33316 Country: Broward

4. State/Country of Formation: Broward County, FL

5. Date Organized or Qualified To Do Business in Florida: 10/29/2001

6. FEI Number: [ ] 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: Marvin T. Chaney

Street Address (P.O. Box Number is Not Acceptable): 1850 Miami Road

Suite, Apt. #, Etc.:

City: Fort Lauderdale | State: FL | Zip Code: 33316

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 _____ Date 10/24/02

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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	Marvin T. Chaney	1850 Miami Road	Fort Lauderdale, FL 33316

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 10/24/02 Daytime Phone # 954-523-8900

Typed or printed name of signing Managing Member/Manager: Marvin T. Chaney