

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 JUN -2 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # ~~L04000016016~~ L02000017892

1. Limited Liability Company's Name

SDE-CADILLAC, LLC

2. Principal Office Address

4000 N FEDERAL HIGHWAY

Suite, Apt. #, etc.

STE 206

City & State

BOCA RATON, FL

Zip

33431

Country

USA

3. Mailing Office Address

1000 OMNI BLVD

Suite, Apt. #, etc.

City & State

NEWPORT NEWS, VA

Zip

23606

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

07/16/02

6. FEI Number

20-1458148

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

MACLAREN, LINDA O

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

798 S. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

STE 100

City

BOCA RATON

State

FL

Zip Code

33432

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

*Linda O MacLaren*

Date

4/25/05

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	ECONOMOS, NICHOLAS	4000 N FEDERAL HWY STE 206	BOCA RATON, FL 33431

REINSTATEMENT

03-05

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

*Nicholas Economos*

Date 04/20/05

Daytime Phone #

(757)591-3519

Typed or printed name of signing Managing Member/Manager

NICHOLAS ECONOMOS

CR2E041 (10/02)