

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN 11 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000029558

1. Limited Liability Company's Name

SDR, L.L.C.

05

BK

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

6851 S. TROPICAL TRL

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MERRITT ISLAND - FL

Zip

Country

32952

USA

City & State

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 8/7/2003

6. FEI Number
263553335

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

STEVEN D RUSSELL

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

6851 S. TROPICAL TRL

Suite, Apt. #, Etc.

City

MERRITT ISLAND

State

FL

Zip Code

32952

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6-11-07

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	STEVEN D RUSSELL	6851 S. TROPICAL TRL	MERRITT ISLAND, FL. 32952

REINSTATEMENT 2005-2007 200104220932

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

[Signature]

Date 6-11-07

Daytime Phone # 321 480 3787

Typed or printed name of signing Managing Member/Manager

STEVEN D RUSSELL



CORPORATION SERVICE COMPANY

L030000029558

ACCOUNT NO. : 072100000032

REFERENCE : 942738 7593096

AUTHORIZATION :

Signature

COST LIMIT : \$ 250.00

ORDER DATE : June 11, 2007

ORDER TIME : 12:08 PM

ORDER NO. : 942738-005

CUSTOMER NO: 7593096

BK

FILED
07 JUN 11 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: SDR, L.L.C.

BK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 JUN 11 PM 12:44
TO ACKNOWLEDGE
SUFFICIENCY OF FILING