

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 28 AM 11:14

DOCUMENT # L04000039820

1. Limited Liability Company's Name

SDH GROUP LLC

2. Principal Office Address

150180 S River Dr

Suite, Apt. #, etc.

3. Mailing Office Address

150180 S River Dr

Suite, Apt. #, etc.

City & State

Miami, FL

Zip Country

33169

USA

City & State

Miami, FL

Zip Country

33169

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

5/25/04

6. FEI Number

1500 90-017-7893

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

Scott D Harris

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

15180 S. River Dr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

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

9/25/06

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
	<del>XXX</del>		
MGR	Scott D Harris	15180 S River Dr	Miami / FL, 33169

REINSTATEMENT 05-06

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

9/25/06

Daytime Phone #

917-916-1182

Typed or printed name of signing Managing Member/Manager