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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 JUL 10 AM 9:07

DOCUMENT # L04000077265

1. Limited Liability Company's Name
SG & AG Investments LLC

2. Principal Office Address	3. Mailing Office Address
P.O. Box 7501	5105 S Flagler Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, Florida	City & State: West Palm Beach, Florida
Zip: 33405-7501 Country: U.S.	Zip: 33405-7501 Country: U.S.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/25/2004

6. FEI Number: 91-2156459 ☐ 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: Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable): 1203 Governors Square Blvd.

Suite, Apt. #, Etc.: Suite 101

City: Tallahassee State: FL Zip Code: 32301

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: 7/10/06

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
Managing Member	Charles Scott Guerrieri	5105 S Flagler Dr	West Palm Beach, Fl 33405-3305
	REINSTATEMENT ~~2005~~ 2006		

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: 7-3-06 Daytime Phone #: 561-236-8246

Typed or printed name of signing Managing Member/Manager: Charles Scott Guerrieri, Managing Member

JUL-10-2006 13:39 P.02

Florida Department of State

Division of Corporations
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Fax Number : (850)205-0383

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Account Name : BUSINESS FILINGS
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LIMITED LIABILITY REINSTATEMENT

SG & AG INVESTMENTS LLC

Certificate of Status	0
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