PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2009 AUG -4 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000033020

1. Limited Liability Company's Name
SDA Commercial Group, LLC.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6131 Lyons Road	6131 Lyons Road
Suite, Apt. #, etc. Suite #200	Suite, Apt. #, etc. Suite #200
City & State Coconut Creek, Fl.	City & State Coconut Creek Fl.
Zip 33073 Country U.S.A.	Zip 33073 Country

4. State/Country of Formation: Florida/U.S.A.
5. Date Organized or Qualified To Do Business in Florida: April 4, 2005
6. FEI Number: 20-4736976 ☐ 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: Andrew Zuckerman
Street Address (P.O. Box Number is Not Acceptable): 6131 Lyons Rd.
Suite, Apt. #, Etc.: Suite 200
City: Coconut Creek State: FL Zip Code: 33073

☐ 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.

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 7/28/09
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
MM	David Zuckerman	6131 Lyons Rd. #200	Coconut Creek Fl. 33073
MM	Andrew Zuckerman	6131 Lyons Rd. #200	Coconut Creek Fl. 33073
MM	Steven Zuckerman	6131 Lyons Rd. #200	Coconut Creek Fl. 33073

REINSTATEMENT-07-09

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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 7/28/09 Daytime Phone # 954-491-3200

Typed or printed name of signing Managing Member/Manager David Zuckerman

C.L