	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PLEASE READ	ALL INS	RUCT	IONS BEFORE	COMPLE	TING THIS FOR	RM.	
(	TED LIAI COMPAN NSTATEI	IY I		Secretar	TMENT OF STATE y of State orporations			ILED	
חחר	LIMEVI.	<b>T</b> # 1.05000119700					12 OCT -	-1 AM 10:31	
DOCUMENT # L05000119799  1. Limited Liability Company's Name							SELME INDIANA		
SGL Investments of Naples, LLC						TALLAHASSEE, FLORIDA			
	, , , , , , , , , , , , , , , , , , , ,	or rapids, and							
2. Princip	al Office Addr	ess - No P Q. Box #	3 Mailing O	ffice Addres	is	CR2E041 (1/11) 06-12			
23 Woodmont Road 23 V				3 Woodmont			4. State/Country of Formation		
Suite, Apt #, etc Suite, Apt #				, etc.		FLorida			
						Date Organized or Qualified     To Do Business in Florida 12/15/2005			
City & State City & State						6. FEI Numi		Applied For	
Upper Montclair, NJ Zip Country			Upper Montclair, NJ			-	50.	Not Applicable	
07043		Country USA	2ip 07043		Country USA			\$5.00 Additional Fee required for a Certificate of Status	
8.		Name and Address of	Current Register	ed Agent					
CT Corporation System							E-mail Addre	ess:	
Street Address (P.O. Box Number is Not Accountable)									
1200 South Pine Island Road						500240286365 10/01/1201023020 **1210.00 lenchinsky@aol.com			
Suite Apt # Etc									
Plantation					State Zio Code FL 33324		(To be used for future annual report notices)		
9. I, being	appointed the	registered agent withe abo	<del>ve πa</del> φed limited	l liability con	npany, am familiar with and	accept the obliga	ations of Chapter 608, F.S.	: •	
Signatu Registe	ire of ered Agen		EGISTERED AG	ENT MUST	Sendra Or Assistant Se		Date 9/2	28/12	
10. Name	es and Street	Addresses of Managing Mer	<u> </u>		3.3,1				
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Mana			City /	State / Zip	
Member	William Lenchinsky 23 Woodmont Road				lmont Road	Upper Montclair, NJ 07043			
	REINSTATENIENT								
				<del>-</del>		<del>,</del>	В. 6	BOSTICK	
· · · · · · · · · · · · · · · · · · ·				<del> </del>			973 OCT	<b>- 2</b> 2012	
		<del></del>					EX	AMINER	
filing the all fees as if ma	nis reinstateme s owed by the ade under oat re of Mar	limited liability company have h. I am aware that false into laging	been paid. The	been elimina information	ated, the limited liability com indicated on this application	pany name satis n is true and accu ate constitutes a	fles the requirements of se urate, and my signature shi third degree felony as pro-	iction 608 406, F.S., and that all have the same legal effect vided for in s.817,155, F.S.	
Member	r/Manage	r // ///		V	Pate 9	124/12	Baytime Phone # 973-50	7-9100	
Typed or pri	nted name of	signing Managing Member/i	Manager <u>Willi</u>	am Lencl	iinsky (	- · · · · · · · · · · · · · · · · · · ·			



CT Corporation

515 East Park Avenue Tallahassee, FL

850 222 1092 tel 850 222 7615 fax www.ctcorporation.com



October 1, 2012

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 8572207 SO

Customer Reference 1: None Given

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

SGL INVESTMENTS OF NAPLES, LLC (FL) Reinstatement Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com