

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 MAY 18 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 06000028405

SDD Biscayne Holdings, LLC

1502 Teal Trace

Pittsburgh PA

Zip
15237

USA

1502 Teal Trace

Pittsburgh PA

15237

USA

Florida

3/16/2006

20-4647660

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

Jaclyn G. Muskat PA

Address (P.O. Box Number is Not Acceptable)
2620 West Community Drive

Jupiter

FL

33458

Signature of
Registered Agent

Date 3/3/2010

REGISTERED AGENT MUST SIGN

☒ 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.

Name of
Managing Members/Managers

**Street Address of Each
Managing Member/Manager**

City / State / Zip

Mgr

Scott Deaktor

1502 Tea Trace

Pittsburgh PA 15237

900181093319

05/18/10-01024-002-\$555.00

REINSTATEMENT 2007-10

(To be used for future annual report notifications)

12. 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 3/3/2010

0 412-366-6090
Daytime Phone #

Typed or printed name of signing Managing Member/Manager