

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 18 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 06 0000 28410**

1. Limited Liability Company's Name
SD Biscayne Properties, LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 1502 Teal Trace		3. Mailing Office Address 1502 Teal Trace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pittsburgh, PA		City & State Pittsburgh, PA	
Zip 15237	Country USA	Zip 15237	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 3/16/2006	
6. FEI Number 20-4534166	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **Jaclyn G Muskat P.A.**

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

Suite, Apt. #, Etc.

City **Jupiter** State **FL** Zip Code **33458**

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 **Jaclyn G Muskat** Date **3/3/2010**

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
Mgr	Scott Deaktor	1502 Teal Trace	Pittsburgh PA 15237

REINSTATEMENT 2007-10 JB

11. E-mail Address: _____

(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 **Scott Deaktor** Date **3/3/2010** Daytime Phone # **412-366-6090**

Typed or printed name of signing Managing Member/Manager _____