PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 MAY 18 PM 1:23	
DOCUMENT # L'060000 28410 1. Limited Liability Company's Name SD BISCAYNE Properties, LLC			SECRETARY OF STATE MULAHASSEE. FLORIDA	
· · · · · · · · · · · · · · · · · · ·		-	CR2E041 (11/09)	
2. Principal Office Address - No P.O. Box# 1502 TEAL Trace	3. Mailing Office Address 1502 Teal Trace	A State/Cour	to of Formation	
Suite, Apt. #, etc. Suite, Apt. #, etc.		4. State/Country of Formation Florida		
1			ized or Qualified 3/16/2006	
City & State PIHSburgh, PA	Pittsburgh, PA	6. FEI Numbe	Applied For	
Zip 15237 Country USA	Zip 15237 USA	7		
8. Name and Address o	f Current Registered Agent			
Name Jaclyn & Muskat P.A.			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	
Street Address (P.O. Box Number is Not Acceptable) 2620 West Community Drive				
Suite, Apt. #, Etc.				
			reinstatement be waived.	
City Jupiter FL 33458				
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				
10. Names and Street Addressee of Managing Mer	nbers/Managers			
Titles Name of Managing Members/Manag	ers Street Address of Each Managing Member/Mana	h iger	City / State / Zip	
Mgr Scott Deak	tor 1502 Teal T	race	Pittsburgh PA 15237	
			/1001024001 **555.00 00181050748 //1001024001 **555.00	
REINSTATEMEN	T 2007-10		IB	
11. E-mail Address:				
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 elimipated, 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 plant. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under path.				
Signature of Managing Member/Manager				
Typed or printed name of signing Managing Member/Manager				