
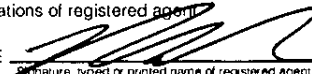


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

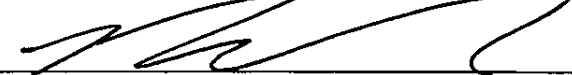
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08 DEC 31 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000048819			
1. Entity Name SRD FLORIDA, LLC			
Principal Place of Business 1001 NORTH U.S. HIGHWAY ONE, SUITE 402 JUPITER, FL 33477		Mailing Address 1001 NORTH U.S. HIGHWAY ONE, SUITE 402 JUPITER, FL 33477	
2. Principal Place of Business - No P.O. Box # 1001 N. US Hwy One		3. Mailing Address 1001 N. US Hwy One	
Suite, Apt. #, etc. Suite 710		Suite, Apt. #, etc. Suite 710	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33477	Country USA	Zip 33477	Country USA
6. Name and Address of Current Registered Agent GY CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name: John Aiello Street Address (P.O. Box Number is Not Acceptable): 16540 SE Lakeside Dr. City: Tequesta FL Zip Code: 33469	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		John Aiello 12/29/08 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AIELLO, JOHN 1001 NORTH U.S. HIGHWAY ONE, SUITE 402 JUPITER, FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200139405132 12/31/08--01073--003 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARKETT, DREW M 1001 NORTH U.S. HIGHWAY ONE, SUITE 402 JUPITER, FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  12/29/08 561-743-8724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #