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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L09000002837

1. Limited Liability Company's Name
SG-STREAMSIDE LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
700 S. FEDERAL HIGHWAY	700 S. FEDERAL HIGHWAY
Suite, Apt. #, etc. #200	Suite, Apt. #, etc. #200
City & State BOCA RATON	City & State BOCA RATON
Zip / Country 33432 / U.S.	Zip / Country 33432 / U.S.

4. State/Country of Formation
FLORIDA, U.S.

5. Date Organized or Qualified To Do Business In Florida
01/09/2009

6. FEI Number ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
SG REGISTERED AGENT LLC

Street Address (P.O. Box Number is Not Acceptable)
700 S FEDERAL HIGHWAY

Suite, Apt. #, Etc.
#200

City / State / Zip Code
BOCA RATON / FL / 33432

REINSTATEMENT
10-14

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	STEVEN GARELLEK	700 S FEDERAL HWY, #200	BOCA RATON, FL 33432
			FEB 11 2014
			M. WILLIAMS

11. E-mail Address: SZG@STEINGARLAW.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 02/10/2014 Daytime Phone # 561-910-7861

Typed or printed name of signing Authorized Representative/Manager STEVEN GARELLEK, MANAGER

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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : STEINBERG GARELLEK P.L.
Account Number : I20110000015
Phone : (561)391-3344
Fax Number : (561)391-3326

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Email Address: SZG@STEINGARLAW.COM

LIMITED LIABILITY REINSTATEMENT
SG-STREAMSIDE LLC

Certificate of Status	1
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