

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
02 JUL 18 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 98000001680

1. Limited Liability Company's Name

Sardonyx III, LC

2. Principal Office Address

311 Castle Shannon Blvd

Suite, Apt. #, etc.

City & State

Pittsburgh PA

Zip

15234

Country

USA

3. Mailing Office Address

311 Castle Shannon Blvd

Suite, Apt. #, etc.

City & State

Pittsburgh PA

Zip

15234

Country

USA

REINSTATEMENT

2001-  
2002

4. State/Country of Formation

USA

5. Date Organized or Qualified  
To Do Business in Florida

9/28/98

6. FEI Number

65-0862530

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

Mary Vlasak Snell

Street Address (P.O. Box Number is Not Acceptable)

1833 Hendry Street

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33901

500006584555-9

-07/23/02--01018-015

\*\*\*\*200.00 \*\*\*\*200.00

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

Mary Vlasak Snell

REGISTERED AGENT MUST SIGN

Date

6/18/2002

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	Robert C. Lohr	311 Castle Shannon Blvd	Pittsburgh, PA 15234

11. 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

Robert C. Lohr

Date

6/13/02

Daytime Phone #

412-341-4500

Typed or printed name of signing Managing Member/Manager

Robert C. Lohr

CR2E041 (9/01)