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CT CORPORATION SYSTEM

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Division of Corporations

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Florida Department of State
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Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

LIMITED LIABILITY REINSTATEMENT

SA BONITA SPRINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$305.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M00000001510			
1. Limited Liability Company's Name SA Bonita Springs, LLC			
2. Principal Office Address 399 Park Avenue Suite, Apt. #, etc.		3. Mailing Office Address 399 Park Avenue Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10022	Country USA	Zip 10022	Country USA
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida August 1, 2000	
6. FE Number 13-4128171		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DERIVED ☒			
8. Name and Address of Current Registered Agent			
Name CT Corporation Systems			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
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 <u>Kevin W. Dinnis</u> Date <u>7/20/05</u> REGISTERED AGENT <u>KEVIN W. DINNIS</u>			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MORM	SL Holdings, LLC	c/o Lohman Brothers, 399 Park Avenue	New York, NY 10022
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 604.908, 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 <u>Kevin W. Dinnis</u> Date <u>7/18/05</u> Daytime Phone # <u>(212) 526-0605</u> Typed or printed name of signing Managing Member/Manager <u>Kevin W. Dinnis, Authorized Signatory of SL Holdings, LLC</u> <u>Sole Member</u>			