Division of Corporations

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

SA ABERDEEN, LLC

Certificate of Status	1
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000001512

1. Limited Liability Company's Name
SA Aberdeen, LLC

2. Principal Office Address		3. Mailing Office Address	
399 Park Avenue		399 Park Avenue	
Suite, Apt. #, etc.		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. FEI Number: 13-4128170 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

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: [signature] Assistant Secretary Date: 7/20/05
REGISTERED AGENT MUST SIGN

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
MGRM	SL Holdings, LLC	c/o Lehman Brothers, 399 Park Avenue	New York, NY 10022

REINSTATEMENT 2002-05

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: [signature] Date: 7/18/05 Daytime Phone #: (212) 526-0605

Typed or printed name of signing Managing Member/Manager: Kevin W. Dinnie, Authorized Signatory of SL Holdings, LLC ~~Sole Member~~