

07/20/2005 18:54 8528 85325

CT CORPORATION SYSTEM

PAGE 01/02

Division of Corporations

Page 1 of 1

M000000001513

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000175286 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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 STUART, LLC

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

Electronic Filing Menu

Corporate Filing

Public Access Help

FILED
2005 JUL 20 AM 9:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
05 JUL 20 AM 8:14
DIVISION OF CORPORATION

07/20/2005 16:54 8508785926
JUL 20 2005 16:24

CT CORPORATION SYSTM

PAGE 02/02

P.04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M00000001513			
1. Limited Liability Company's Name SA Stuart, 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. FEI Number 13-4128103		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒			

FILED
2005 JUL 20 AM 9:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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, accept the obligations of Chapter 605, F.S.	
Signature of Registered Agent <i>Connie Bryan</i>	DATE 7/20/05
REGISTERED AGENT MUST SIGN CONNIE BRYAN SPECIAL ASSISTANT SECRETARY	

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Managers	City / State / Zip
MEM	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 605, 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 605.406, 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 <i>Kevin W. Dinnis</i>	DATE 7/18/05
Daytime Phone # (212) 526-0605	
Typed or printed name of signing Managing Member/Manager: Kevin W. Dinnis, Authorized Signatory of SL Holdings, LLC, Sole Member	