

Division of Corporations

Page 1 of 1

M00000000/514

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.

(((H05000175291 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) 205-0393

From:

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

LIMITED LIABILITY REINSTATEMENT

SA STUART II, LLC

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

RECEIVED
05 JUL 20 AM 8:15
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

07/20/2005 16:54

8502227615

CT CORP

PAGE 02/02

JUL-20-2005 16:25

P.07

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M00000001514 1. Limited Liability Company's Name SA Stuart II, 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 13-4128242		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DECISION ☒			
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 606, F.S. Signature of Registered Agent <i>Christine B...</i> Date <i>7/20/05</i> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title MGRM	Name of Managing Member/Manager SL Holdings, LLC	Street Address of Each Managing Member/Manager c/o Lehman Brothers, 399 Park Avenue	City / State / Zip 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 606, F.S. I further certify that when filing this reinstatement application the reason for disqualification 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 <i>Kevin W. D...</i> Date <i>7/18/05</i> Daytime Phone # <i>(212) 526-0605</i> Typed or printed name of signing Managing Member/Manager <i>Kevin W. D...</i> Authorized Signatory of <i>SL Holdings, LLC</i> , Sole Member			

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