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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	
2001-2003 UCR		03 APR 15 AM 11:22 WK 4/21	
DOCUMENT # M00000001540			
1. Limited Liability Company's Name SGH-MOORESVILLE, LLC			
2. Principal Office Address 122 Cherokee Road Suite, Apt. #, etc.		3. Mailing Office Address 122 Cherokee Road Suite, Apt. #, etc.	
City & State Charlotte, NC		City & State Charlotte, NC	
Zip 28207	Country USA	Zip 28207	Country USA
4. State/Country of Formation North Carolina		5. Date Organized or Qualified To Do Business in Florida 7/31/2000	
6. FEI Number 56-2158201		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 Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301
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>Cynthia L. Harris</u> as its agent Date <u>4/2/03</u> 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
MGR	Steven G. Harris	122 Cherokee Road	Charlotte, NC 28207
MGR	J. Bradley Murr	122 Cherokee Road	Charlotte, NC 28207
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 <u>Steven G. Harris</u>		Date <u>4.9.03</u>	Daytime Phone # <u>704-377-6224</u>
Typed or printed name of signing Managing Member/Manager <u>Steven G. Harris</u>			

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HARRIS-MURR
& ASSOCIATES

122 Cherokee Road
Charlotte
North Carolina
28207

704. 377-6224 Phone
704. 342-3453 Fax
www.harrismurr.com

April 9, 2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: SGH-Mooresville, LLC (Document #M00000001540)

Dear Sir or Madam:

With regard to the above referenced entity, it has been brought to my attention that it is now inactive due to failure to submit annual reports. Please be aware that we never received any UBR's. Had we received them, we would have submitted them by the appropriate time. Please find enclosed a Limited Liability Company Reinstatement form and check #1074 in the amount of \$150.00 made payable to Department of State.

Please let me know should you have any questions.

Sincerely,

Steven G. Harris

J. Bradley Murr

Enclosures

03 APR 15 AM 11:22
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS