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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MO1000002139

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 13 PM 2:29

DOCUMENT # MO1 00002139

1. Limited Liability Company's Name

SM6/LMI, LLC

2. Principal Office Address

701 Marker St.

Suite, Apt. #, etc.

4th Floor

City & State

Phila PA

Zip

19106

Country

USA

3. Mailing Office Address

701 Marker St

Suite, Apt. #, etc.

4th Floor

City & State

Phila PA

Zip

19106

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified To Do Business in Florida

9/19/01

6. FEI Number

23-2511871

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

Robert Rice

Street Address (P.O. Box Number is Not Acceptable)

410 Channe/Side Hwy Ice Place

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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]

Date 4/22/03

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
MEM	SM6	701 Marker St	Phila PA 19106
	FF #200		700019526987 05/20/03--01049--009 **205.00
	Cus 5		REINSTATEMENT 02-03
			ult 5/13

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

4/17/03

Daytime Phone#

215-592-6659

Typed or printed name of signing Managing Member/Manager

GARY McAWNEY - VP FINANCE