PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 22 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000390062510
04/05/04--01021--009 **150.00

DOCUMENT # M02000001983

1. Limited Liability Company's Name
SDI of River's Edge, LLC

2. Principal Office Address		3. Mailing Office Address	
425 Christine Drive		P.O. Box 2128	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Ridgeland, MS		Ridgeland, MS	
Zip	Country	Zip	Country
39157	U.S.A.	39158	U.S.A.

4. State/Country of Formation
Mississippi, U.S.A.

5. Date Registered or Qualified to Do Business in Florida 07/30/2002

6. FEI Number
72-1578523
☐ 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
Curtis R. Hare

Street Address (P.O. Box Number is Not Acceptable)
2721 Huntington Ave ~~6008 14th Street W~~

000390062510
04/05/04--01015--020 **60.00

Suite, Apt. #, Etc.

City ~~Bradenton~~ Sarasota | State FL | Zip Code ~~34207~~ 34232

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 _____ Date 2-17-04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Ronald G. McClain	425 Christine Drive	Ridgeland, MS 39157

4/22 mst

REINSTATEMENT 2003-04

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 Ronald G McClain Date 2-17-04 Daytime Phone # (601) 914-3401

Typed or printed name of signing Managing Member/Manager Ronald G. McClain