

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT

Secretary of State

POSITIONS

FILED

1. DOCUMENT # M98000000190

Name and Mailing Address

02 NOV 13 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011754 01 SP 0.370 **SNGLP

0615 63102

SLP CAPITAL II, L.L.C.
10 S. BLOODWAY, SUITE 1400
ST. LOUIS MO 63102



2. New Mailing Address

City, State, Zip

Principal Place of Business

10 S. BLOODWAY, SUITE 1400
ST. LOUIS MO 63102

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

02/26/1998

6. FEI Number

43-1789798

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CR2E084 (8/02)

10. 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

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date 10-28-02

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| MGRM | EDMONDS, HENRY M | 10 S. BROADWAY, SUITE 1400 | ST. LOUIS MO 63102 |
| MGRM | POLK, WILLIAM L | 10 S. BROADWAY, SUITE 1400 | ST. LOUIS MO 63102 |
| MGRM | BISSELL, E. PEROT IV | 1201 THIRD AVENUE, #2785 | SEATTLE WA 98101 |
| | | | |
| | | | |
| | | | |
| | | | |

000008962900
11/13/02--01039--002 **155.00

REINSTATEMENT

Handwritten signature/initials

12. 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

Handwritten signature of Henry M. Edmonds

Date

11/5/02

Daytime Phone #

314-621-7575

Typed or printed name of signing Managing Member/Manager

Henry M. Edmonds