

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
SMITH
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000000302

Name and Mailing Address

0008171 01 FP 0.352 **PRSR T5 0 0615 63102-174150



SLP II LLC

10 S. BROADWAY, SUITE 1400

ST. LOUIS MO 63102-1741



2. New Mailing Address

City, State, Zip

Principal Place of Business

10 S. BROADWAY, 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

03/31/1998

6. FEI Number

43-1801566

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

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

Date 10-28-02

REGISTERED AGENT MUST SIGN

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

MEM

EDMONDS, HENRY M

10 S. BROADWAY, SUITE SUITE 1400

ST. LOUIS MO 63102

400008963124

11/13/02-01039-012 **155.00

FALL

REINSTATEMENT

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Henry M. Edmonds