

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 12 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1798000000438

1. Limited Liability Company's Name

SFI of Delaware, LLC

200005171652--8

-03/27/02--01038--032

****200.00 ****200.00

2. Principal Office Address

225 W. Olney Road

Suite, Apt. #, etc.

City & State

Norfolk, Virginia

Zip

23510

Country

USA

3. Mailing Office Address

240 Royal Palm Way

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

4/14/98

6. FEI Number

54-1893769

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Susan L. Eldredge

Susan L. Eldredge

Asst. Secretary & V. President

Date 3-4-02

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	Thomas B. D'Agostino, Jr.	276 Park Avenue South	New York, NY 10010
MGR	Micahel L. Schmickle	240 Royal Palm Way	Palm Beach, FL - 33480
MGR	James E. Hurley	240 Royal Palm Way	Palm Beach, FL 33480

REINSTATEMENT

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

James E. Hurley

Date 2/8/02

Daytime Phone# (561) 659-6551

Typed or printed name of signing Managing Member/Manager

James E. Hurley

CR2E041 (9/01)