

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

ma9-1356

1. Limited Liability Company's Name

SGH-Orlando, LLC

REINSTATEMENT 2001

2. Principal Office Address

122 Cherokee Rd.

Suite, Apt. #, etc.

City & State

Charlotte, NC

Zip

28201

Country

USA

3. Mailing Office Address

122 Cherokee Rd.

Suite, Apt. #, etc.

City & State

Charlotte NC

Zip

28201

Country

USA

4. State/Country of Formation

USA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

56-2152484

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

800004685238-2

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****150.00 ****150.00

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

BRIAN COURTNEY, ASST. V.P.

Date 11-5-01

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
<u>MGR</u>	<u>Steven G. Harris</u>	<u>122 Cherokee Rd</u>	<u>Charlotte NC 28201</u>

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

Date 10.17.01

Daytime Phone # 704-377-6224

Typed or printed name of signing Managing Member/Manager

Steven G. Harris

CR2E041 (9/01)