

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**

01 NOV -6 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

SGH-Jacksonville, LLC

2. Principal Office Address

122 Cherokee Rd

3. Mailing Office Address

122 Cherokee Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Charlotte, NC

City & State

Charlotte, NC

Zip

28207

Country

USA

Zip

28207

Country

USA

**REINSTATEMENT 2001**

4. State/Country of Formation

USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

56-2169823

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

400004685234-5

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

1201 Hays Street

-11/16/01-01051-014

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. # Etc

City

Tallahassee

State

FL

Zip Code

32301

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.**  
REGISTERED AGENT MUST SIGN

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
MGR	Steven G. Harris	122 Cherokee Rd	Charlotte, NC 28207

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

Steven G. Harris

Date 10-17-01

Daytime Phone # 704-377-6224

Typed or printed name of signing Managing Member/Manager

Steven G. Harris