PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 18 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000111468

1. Corporation Name
SDI MANAGEMENT, INC.

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
1910 N. ORANGE AVE.	SAME
Suite, Apt. #, etc. SUITE B	Suite, Apt. #, etc. SAME
City & State ORLANDO, FL.	City & State SAME
Zip 32804 Country ORANGE	Zip SAME Country SAME

4. Date Incorporated or Qualified To Do Business in Florida 10-16-02

5. FEI Number 02-0661983 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for Certified Copies

7. Name and Address of Current Registered Agent

Name: KIRK T. Banks 02/24/04 01030 017 $150.0

Street Address (P.O. Box Number is Not Acceptable): 3322 Lake Shore Dr. 03/11/05 90311 029 $ 150.0

Suite, Apt. #, Etc.

City: ORLANDO State: FL Zip Code: 32803

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Kirk T. Banks Date: 8-16-05
REGISTERED AGENT MUST SIGN

CR2E031 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres			
Sec	Kirk T. Banks	3322 Lake Shore Dr	Orlando FL 32803
		700055901 7757 08/26/05--01042--012 **150.00	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Kirk T. Banks 8-16-05 407-947-0495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #