


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

DOCUMENT # M05000002681

1. Limited Liability Company's Name

**SPYKER AUTOMOBIELEN B.V. LIMITED LIABILITY COMPANY**

09 SEP 15 AM 8:31  
300160692933  
09/16/09--01002--004 \*\*\$9.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
Edisonweg 2  
State, Apt. #, etc. not applicable  
City & State  
Zeevolde  
Zip Country  
3899 AZ The Netherlands

3. Mailing Office Address  
Is same as principal address  
State, Apt. #, etc.  
City & State  
Zip Country

4. State/Country of Formation  
The Netherlands

5. Date Organized or Qualified To Do Business in Florida 19 May 2005

6. FEI Number 75-3190888 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$501 Additional Fee required for a Certificate of Status

B. Name and Address of Current Registered Agent

Name  
CMZ Enterprises, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
1841 North State Road 7  
State, Apt. #, Etc.  
City State Zip Code  
Hollywood FL 33021

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

B. I, being appointed 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 *[Signature]* **Craig M. Zinn on behalf of CMZ Enterprises, Inc.** Date **September 10, 2009**  
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	V.R. Muller (MGRM)	Prinses Ireneilaan 8	3743 JE Beern, the Netherlands
CFD	D.J.C.Y.S. Go (MGRM)	Zweerslaan 22	3723 HP Billhoven, the Netherlands
COO	F.J.M. Liebrechts (MGRM)	Zulderkrimp 105	6672 HB Nuenen, the Netherlands
<b>REINSTATEMENT</b>			FF \$416.25 DUS 5.00

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 provided 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 *[Signature]* Date **10 Sept 2009** Daytime Phone # **(+31) 36 535 8787**  
Typed or printed name of signing Managing Member/Manager **P.J.C.Y.S. Go, Chief Financial Officer**

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