PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021755

1. Limited Liability Company's Name
RLSPP, LLC

2. Principal Office Address	**3.** Mailing Office Address
3000 E. PARKER ROAD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANO, TX	City & State
Zip: 75074 / Country: USA	Zip / Country

4. State/Country of Formation: FLORIDA 11/03/03--01096--009 **150.00

5. Date Organized or Qualified To Do Business in Florida: 12/14/2001

6. FEI Number: DISREGARDED ENTITY ☐ 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: LOUIS M. MEINERS, JR.
Street Address (P.O. Box Number is Not Acceptable): 200 AVIATION DRIVE
Suite, Apt. #, Etc.: SUITE 2
City: NAPLES | State: FL | Zip Code: 34104

100024387904
11/03/03--01096--009 **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: _____ REGISTERED AGENT MUST SIGN
Date: OCTOBER 23, 2003

CR2E041 (10/02)

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
MGRM	SCHWARTZ, RICHARD L.	3000 E. PARKER ROAD	PLANO, TX 75074

AMENDMENT 03 dcs

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: 10.29.03 Daytime Phone #: 817-878-0524 ~~214-745-5730~~

Typed or printed name of signing Managing Member/Manager: RICHARD L. SCHWARTZ