

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 AUG 17 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L020000025847

**1. Limited Liability Company's Name**

GLASSTONE MANAGEMENT, LLC

**2. Principal Office Address**

241 Royal Palm Way

Suite, Apt. #, etc.

City & State

Palm Beach, Florida

Zip

33480

Country

USA

**3. Mailing Office Address**

1555 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

Suite 1100

City & State

West Palm Beach, Florida

Zip

33401

Country

USA

**4. State/Country of Formation**

Florida / USA

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

September 27, 2002

**6. FEI Number**

57-1139713

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

Nannette Gammon

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

1555 Palm Beach Lakes Blvd.,

Suite, Apt. #, Etc.

Suite 1100

City

West Palm Beach

State  
FL

Zip Code  
33401

**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

*Nannette Gammon*

Date 7/22/04

REGISTERED AGENT MUST SIGN

**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	The Ecclestone, Jr., Dynasty Trust Under Trust Agreement Date December 3, 2001	241 Royal Palm Way	Palm Beach, Fl. 33480

300040226433  
08/17/04-01007-001 \*\*440.00

REINSTATEMENT

0304

*[Signature]*

**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

Citicorp N.A., Trustee

*[Signature]*

Date

7-28-04

Daytime Phone #

561 653-3122

Typed or printed name of signing Managing Member/Manager

Kelly A. Turnbull, Vice President

CR20041 (10/02)