

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2004 DEC 20 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L03000033750

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

SIG MANAGEMENT, LLC  
A Florida Limited Liability Company

**2. Principal Office Address**  
241 Royal Palm Way

Suite, Apt. #, etc.

City & State

Palm Beach

Zip

FL

Country

33480

**3. Mailing Office Address**

1555 Palm Beach Lakes Blvd

Suite, Apt. #, etc.

#1100

City & State

West Palm Beach

Zip

FL

Country

33402

**4. State/Country of Formation**  
Florida

**5. Date Organized or Qualified  
To Do Business in Florida** 9/8/2003

**6. FEI Number**  
54-2125522

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 NATIONAL INVESTMENT COMPANY

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

1555 Palm Beach Lakes Blvd., #1100

Suite, Apt. #, Etc.

City West Palm Beach

State  
FL

Zip Code  
33402

**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

Ron Cooper, Exec. V-P

Date December 10, 2004

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
Pres.	E.L. Ecclestone	1555 P.B. Lakes Blvd., #1100	West Palm Beach, FL 33402
Exec. V-P	Ron Cooper	1555 P.B. Lakes Blvd., #1100	West Palm Beach, FL 33402

**REINSTATEMENT** 04

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12/20/04--01064--008 \*\*150.00

**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 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 12/10/2004

Daytime Phone # 561-686-2000

Typed or printed name of signing Managing Member/Manager Ron Cooper, Executive Vice-President

CR2E041 (10/02)