

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

3/03

| LIMITED LIABILITY COMPANY REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | SECRETARY OF STATE DIVISION OF CORPORATIONS |
|---|--------------------------------------|---|-------------------------------------|--|
| DOCUMENT # 105000035506 | | | | |
| 1. Limited Liability Company's Name RS/COLONY GP, LLC | | | | |
| 2. Principal Office Address - No. P.O. Box # 3510 S. Mooring Way | | 3. Mailing Office Address 3510 S. Mooring Way | | |
| Suite, Apt. #, etc. 6 | | Suite, Apt. #, etc. | | |
| City & State Miami, FL | | City & State Miami, FL | | |
| Zip 33133 | Country USA | Zip 33133 | Country USA | |
| 8. Name and Address of Current Registered Agent | | | | |
| Name M & W Agents, Inc. | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2101 Corporate Blvd. | | | | |
| Suite, Apt. #, Etc. Suite 107 | | | | |
| City Boca Raton | | State FL | Zip Code 33431 | |
| 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. | | | | |
| <input type="checkbox"/> Signature of Registered Agent <i>[Handwritten Signature]</i> Date 5/31/07 | | | | |
| 10. Names and Street Addresses of Managing Members/Managers | | | | |
| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip | |
| Mgr | Steven Shere | 3510 S. Mooring Way | Miami, FL 33133 | |
| REINSTATEMENT <i>6-07</i> | | | | |
| 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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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 <i>[Handwritten Signature]</i> | | Date 5/1/07 | Daytime Phone # 305-342-4067 | |
| Typed or printed name of signing Managing Member/Manager | | | | |