

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000070401

1. Limited Liability Company's Name

Spyglass Hill Real Estate Holdings, L.L.C.

2. Principal Office Address - No P.O. Box #

2571 W. Eau Gallie  
Blvd.  
Ste. 1

City & State

Melbourne, FL

Zip  
32935

Country  
United States

3. Mailing Office Address

2571 W. Eau Gallie  
Blvd.  
Ste. 1

City & State

Melbourne, FL

Zip  
32935

Country  
United States

4. State/Country of Formation  
United States

5. Date Organized or Qualified  
To Do Business in Florida 07/14/06

6. FEI Number  
20-5653562

☐ 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  
Michael Kahn, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
482 N. Harbor City Blvd.

Suite, Apt. #, Etc.

City  
Melbourne

State  
FL

Zip Code  
32935

☒ 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.

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

Michael H. Kahn

Date 10-29-09

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	Christine Thomas	310 Salida Drive	Indian Harbor Beach/FL/32937
MGRM	William A. Thomas	310 Salida Drive	Indian Harbor Beach/FL/32937

100163195261  
11/30/09--01073--021 \*\*\*416.25

REINSTATEMENT

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

Christine Thomas

Date

11/20/09

Daytime Phone #

3217529722

Typed or printed name of signing Managing Member/Manager Christine Thomas, M.D.