

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 697000000482

1. Limited Liability Company's Name

The Spinnaker Group, L.C.

2. Principal Office Address

4099 Tamiami Trail

Suite, Apt. #, etc.

Suite 400

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Office Address

4099 Tamiami Trail

Suite, Apt. #, etc.

Suite 400

City & State

Naples, Florida

Zip

34103

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/1/97

6. FEI Number

59-3462122

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

Sheldon Starman

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

4099 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 400

City

Naples,

State

FL

Zip Code

34103

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

Sheldon Starman
REGISTERED AGENT MUST SIGN

Date November 12, 1999

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
Mem.	Vanderbilt Beach Motel, Inc.	9225 Gulf Shore Drive	Naples, FL 34108
Mem.	Starman, Sheldon	4099 Tamiami Trail N.#400	Naples, FL 34103
Mem.	Rubeck, Ronald	1517 Browning Lane	Bloomington, IN 47401
Mem.	Rubeck, Kathleen	1517 Browning Lane	Bloomington, IN 47401
Mem.	Emery, Steven	4220 Harrell Road	Bloomington, IN 47401

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

Sheldon Starman

11/12/99

Daytime Phone # (941) 262-1040

Typed or printed name of signing Managing Member/Manager

SHELDON STARMAN

CR2041 (9-99)