

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

00 OCT 30 PM 11:02

DOCUMENT #

19950600007470

1. Limited Liability Company's Name

R.S.P. PROPERTIES L.L.C.

2. Principal Office Address

457 WOODLAKE LANE

Suite, Apt., etc.

1

City & State

DEERFIELD BEACH

Zip

33442

Country

U.S.A.

3. Mailing Office Address

7040 W. PALMETTO PARK RD

Suite, Apt., etc.

4 PMB #287

City & State

BOCA RATON

Zip

33433

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/4/1999

6. FEI Number

65-0965572

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

STEVEN D. CROSSGROVE

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

457 WOODLAKE LANE

Suite, Apt., etc.

1

City

DEERFIELD BEACH

State
FL

Zip Code

33442

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

STEVEN D. CROSSGROVE

Date 10/19/2000

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
#1 member	STEVEN D CROSSGROVE	457 WOODLAKE LANE	DEERFIELD BEACH FL 33442
#2 member	RICHARD H BOILEAU	189 EL CAPITAN DR	ISLAMORADA FL 33036
#3 member	S + P INVEST SCI	27 RUE DU SCHEID	L-6996 RAMELDANGE GRAND DUCHY OF LUXEMBURG.
			600003456816--6 -11/08/00--01025--016 ****155.00 ****155.00

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

STEVEN D. CROSSGROVE

Date

11/19/00

Daytime Phone #

(954)-523-8226

Typed or printed name of signing Managing Member/Manager

STEVEN D CROSSGROVE.

CR2E041 (9/99)