

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL 23 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000285

1. Limited Liability Company's Name

RBS Spyglass, LLC

CR2E041 (12/07)

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

717 21st Ave South 1931 Rathmon

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Bloomfield Hills, MI

Zip

34102

Country

USA

Zip

48380

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

Feb. 4, 2002

6. FEI Number

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

Roger Smith

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

717 21st Ave South

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

☐ 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

Roger Smith
REGISTERED AGENT MUST SIGN

Date

7/18/08

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
MGR	Jennifer Ponski	5013 Deer Ridge Dr N	Carmel, In 46033
MGR	Roger Smith	717 21st Ave South	Naples, FL 34102

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REINSTATEMENT

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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

Jennifer Ponski

Date

7/18/08

Daytime Phone #

317-574-1977

Typed or printed name of signing Managing Member/Manager

Jennifer Ponski