M95000000262

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB -4 AM 11:37

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** M95000000262

SPS Management, LLC

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
3003 Tamiami Trail North
3rd Floor
Naples, FL 34103

2. Principal Place of Business	2a. Mailing Address
	3003 Tamiami Trail North
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3rd Floor
City & State	City & State Naples, FL
Zip / Country	Zip 34103 / Country USA

3. Date Organized or Qualified	3a. State of Formation
9/13/95	MD

4. FEI Number 65-0662436 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324	Name: Lisa M. Kelley Street Address (P.O. Box Number is Not Acceptable): 3003 Tamiami Trail North, 3rd Floor Suite, Apt. #, etc. City: Naples, 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 Lisa M. Kelley (REGISTERED AGENT MUST SIGN) Date 2/1/99

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	Bruce S. Sherman	3003 Tamiami Trail North 3rd Floor	Naples, FL 34103

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REINSTATEMENT 99-99

CM

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 [signature] Date 1/15/99 Daytime Phone # 941-261-2112

Typed or printed name of signing Managing Member/Manager Bruce S. Sherman

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