

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		3. Mailing Office Address 1931 Rathmor	
Suite, Apt. #, etc.		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 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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* Date 7/18/08

REGISTERED AGENT MUST SIGN

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
REINSTATEMENT			0508

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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