

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -3 AM 10:35

DOCUMENT #

1. Limited Liability Company's Name

TREASURE COAST ROCK LLC

700177205937
04/23/10--01007--023 **521.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1551 Forum Place		Same	
Suite, Apt. #, etc. Suite 300F		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. State/Country of Formation	
Florida	
5. Date Organized or Qualified To Do Business in Florida	
7/1/2005	
6. FEI Number	Applied For
20-3094240	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			
Kevin F. Richardson			
Street Address (P.O. Box Number is Not Acceptable)			
1551 Forum Place			
Suite, Apt. #, Etc.			
300F			
City	State	Zip Code	
West Palm Beach	FL	33401	

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 4/20/2010

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
MGRM	Dark Rock, Inc.	1551 Forum Place, 300F	West Palm Beach, FL 33401

REINSTATEMENT 2010 [Signature]

11. E-mail Address: sharklaw@clyattrichardson.com
(To be used for future annual report notifications)

12. 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 808.406, 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 4/20/2010 Daytime Phone # (561) 471-9600

Typed or printed name of signing Managing Member/Manager Kevin F. Richardson