PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 31 PM 4:59

L00000010460

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000010460

1. Limited Liability Company's Name

Tucan Associates, L.L.C.

2. Principal Office Address	3. Mailing Office Address
1211 Quail Ridge Drive	915 Middle River Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	506
City & State	City & State
Dripping Springs TX	Fort Lauderdale, FL
Zip / Country	Zip / Country
78620 / USA	33304 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 8/30/2000

6. FEI Number: 65-1046290 ☐ 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: George R. Moraitis

Street Address (P.O. Box Number is Not Acceptable): 915 Middle River Drive, Suite 506

Suite, Apt. #, Etc.:

City: Fort Lauderdale | State: FL | Zip Code: 33304

800026164178
01/06/04--01047--011 **205.00

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 _____ REGISTERED AGENT MUST SIGN Date 12/31/03

CR2E041 (10/02)

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	Ronald L. Knoll	1211 Quail Ridge Drive	Dripping Springs, TX78620

REINSTATEMENT 2003-2004 12/31

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 Ronald L Knoll Date 12/31/03 Daytime Phone # 954-563-4163

Typed or printed name of signing Managing Member/Manager Ronald L. Knoll

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Tucan Associates LLC

Signature

Requested by:

Name _____ Date 12/31/03 Time 12:20

Walk-In _____ Will Pick Up _____

174 Ponder's Printing - Thomasville, GA 8/00

____ Art of Inc. File_____
____ LTD Partnership File_____
____ Foreign Corp. File_____
__1__ L.C. File_____
____ Fictitious Name File_____
____ Trade/Service Mark_____
____ Merger File_____
____ Art. of Amend. File_____
____ RA Resignation_____
____ Dissolution / Withdrawal
__✓__ Annual Report / Reinstatement
____ Cert. Copy_____
____ Photo Copy_____
__✓__ Certificate of Good Standing_____
____ Certificate of Status_____
____ Certificate of Fictitious Name_____
____ Corp Record Search_____
____ Officer Search_____
____ Fictitious Search_____
____ Fictitious Owner Search_____
____ Vehicle Search_____
____ Driving Record_____
____ UCC 1 or 3 File_____
____ UCC 11 Search_____
____ UCC 11 Retrieval_____
____ Courier_____

RECEIVED
03 DEC 31 PM 1:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA