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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

1. DOCUMENT # L01000000630

Name and Mailing Address

0016357 01 MB 0.309 **AUTO TO 0 0615 48104-488716

TARPON PLAZA LLC
2360 EAST STADIUM BLVD., SUITE 16
ANN ARBOR MI 48104-4887

600025265196
12/08/03--01003--014 **150.00

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 01/12/2001

Principal Place of Business
EBB TIDE REALTY INC.
4880 PLACIDA RD., UNIT G
ENGLEWOOD FL 34224

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 31-1747485 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E094 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WOOTTEN, DANIEL EBB TIDE REALTY INC. 4880 PLACIDA RD., UNIT G ENGLEWOOD FL 34224	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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 REQUIRED Date 11/12/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MARTEN, RONALD D	359 EAGLE RIDGE COURT	ANN ARBOR MI 48103

REINSTATEMENT 03 dcc

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 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/Manage SIGNATURE REQUIRED Date 11/5/03 Daytime Phone # (734) 973-3185

Typed or printed name of signing Managing Member/Manager