PLEASE READ ALL INSTRUCTIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 DEC 17 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/19/09--01064--015 **5.00

CR2E041 (10/08)

DOCUMENT # l01oooo15956

1. Limited Liability Company's Name

Tamarind LLC3906

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
3906 n. shell road		same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
n/a		n/a	
City & State		City & State	
Sarasota FL		same	
Zip	Country	Zip	Country
34242	usa	same	sameDelaware

4. State/Country of Formation
delaware USA

5. Date Organized or Qualified To Do Business in Florida Sept 17 2001

6. FEI Number
522346775
☐ 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
vincent m. keber jr.

Street Address (P.O. Box Number is Not Acceptable)
3906 n. shell road

Suite, Apt. #, Etc.
n/a

City	State	Zip Code
sarasota	FL	34242

☒ 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 Vincent M. Keber MGRM Date 10/15/09
REGISTERED AGENT MUST SIGN

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
pres	vincent m. keber jr MGRM	3906 n. shell rd	sarasota fl 34242
	lucy d keber MGRM	same	same

REINSTATEMENT 09AL

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 Vincent M. Keber MGRM Date 10/15/09 Daytime Phone # 941-722 9816

Typed or printed name of signing Managing Member/Manager VINCENT M. KEBER JR.