

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smit
Secretary of State
DIVISION OF CORPORATIONS

L01000015956

03 JAN -8 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000015956

Name and Mailing Address

0007085 01 FP 0.352 **PR5RT T2 0 0615 19930-027070
TAMARIND LLC
P.O. BOX 270
BETHANY BEACH DE 19930-0270

700009527577
12/16/02--01083--005 **150.00



BMJH

11-8-2002

2. New Mailing Address

1232 South View Drive
City, State, Zip
SARASOTA FL 34242

Principal Place of Business

53 COTTON WAY
BETHANY BEACH DE 19930

3. New Principal Place of Business Address

1232 South View Dr
City, State, Zip
SARASOTA FL 34242

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

09/17/2001

6. FEI Number

52-2346775

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

KEBER, PETER
447 24TH AVE N
ST PETERSBURG FL 33704

9. Name and Address of New Registered Agent

Name VINCENT M. KEBER JR
Street Address (P.O. Box Number is Not Acceptable)
1232 South View Drive
City SARASOTA FL Zip Code 34242

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

Vincent M. Keber Jr
REGISTERED AGENT MUST SIGN

Date 12/9/02

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
MR / Pres	VINCENT M. KEBER JR	1232 South View Dr SARASOTA FL	SARASOTA / FL 34242
MRS / Secy / TREAS	Vicky D. Keber	SAME	SAME

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/Manager

Vincent M. Keber Jr

Date

12/9/02

Daytime Phone #

941 228 3235

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)