PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 DEC 24 AM 8:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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12/24/03--01049--005 **205.00

DOCUMENT # L01000021134

1. Limited Liability Company's Name
BOCA TIDE, LLC

2. Principal Office Address	3. Mailing Office Address
408 HIBISCUS AVE	408 HIBISCUS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PALM BEACH, FL	PALM BEACH, FL
Zip 33480 Country US	Zip 33480 Country US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 12-7-01

6. FEI Number ☐ 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: FREISBERG, GANGOLF
Street Address (P.O. Box Number is Not Acceptable): 408 HIBISCUS AVE
Suite, Apt. #, Etc.:
City: PALM BEACH, FL State: FL Zip Code: 33480

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 _____ Date 12-22-03
REGISTERED AGENT MUST SIGN

CR2E041 (1/02)

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
MGR	FREISBERG, GANGOLF	408 HIBISCUS AVE	PALM BEACH, FL 33480
MGR	FREISBERG, BOBBY	408 HIBISCUS AVE	PALM BEACH, FL 33480

REINSTATEMENT 2002-03

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 B. Freisberg Date 12-22-03 Daytime Phone # (561) 832-6877

Typed or printed name of signing Managing Member/Manager BOBBY FREISBERG