

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 22 PM 1:34

DOCUMENT # L02000004765

1. Limited Liability Company's Name

ROCKFISH DEVELOPMENT, LLC

2. Principal Office Address

136 MADEIRA RD

Suite, Apt. #, etc.

3. Mailing Office Address

136 MADEIRA RD

Suite, Apt. #, etc.

City & State

ISLAMORADA

Zip

33036

Country

USA

City & State

ISLAMORADA

Zip

33036

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02/22/2002

6. FEI Number

46-0484316

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

MICHAEL H MALE

Street Address (P.O. Box Number is Not Acceptable)

3250 MARY STREET

Suite, Apt. #, Etc.

SUITE 303

City

MIAMI

State

FL

Zip Code

33033

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 1/21/04

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
MD	ROBERT WERTHAMER	136 MADEIRA RD	ISLAMORADA FL 33033

REINSTATEMENT 03-04

300027441233

01/22/04 01072 011 **200.00

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

Date 19 JAN 04

Daytime Phone # 305-342-9128

Typed or printed name of signing Managing Member/Manager

ROBERT WERTHAMER

LAW OFFICES
MICHAEL H. MALE

PROFESSIONAL ASSOCIATION
SUITE 303
3250 MARY STREET
MIAMI, FLORIDA 33133

TELEPHONE (305) 443-5600
TELECOPIER (305) 443-6624
E-MAIL: michaelmale@attglobal.net

January 21, 2004

By FedEx 840770933626

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

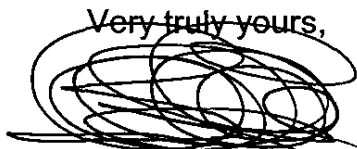
Dear Sir/Madam:

I am enclosing the original limited liability company reinstatement form for Rockfish Development, LLC, for filing with the Secretary of State.

I am also enclosing a check in the amount of \$200.00 to cover the filing fee for the reinstatement and the filing fee for 2004.

If anything further is required, please contact me as soon as possible.

Very truly yours,

A handwritten signature in black ink, appearing to be "Michael H. Male", written over a horizontal line.

Michael H. Male

MHM/mp
Enclosure