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	3. Mailing Office Address
136 MADEIRA RD	136 MADEIRA RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ISLAMORADA	City & State: ISLAMORADA
Zip: 33036 Country: USA	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: _____ Date: 1/21/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	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,

Michael H. Male

MHM/mp
Enclosure