L02000013096

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG -2 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

2635 Tigertail Avenue, LLC

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2. Principal Office Address	3. Mailing Office Address
P. O. Box 11536 A.P.O.	P. O. Box 11536 A.P.O.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Grand Cayman	City & State: Grand Cayman
Zip / Country: Cayman Islands	Zip / Country: Cayman Islands

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 980375050 — Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: David O. Jones

Street Address (P.O. Box Number is Not Acceptable): 2635 Tigertail Avenue

Suite, Apt. #, Etc.:

City: Miami — State: FL — Zip Code: 33133

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: X _____ Date: 29/7/5

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	David O. Jones	P. O. Box 11536 A.P.O.	600058257445 08/04/05--01052--001 **200.00
		Grand Cayman, Cayman Islands	
		REINSTATEMENT	2004-2005

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 608.508, 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: X _____ Date: 29/7/5 Daytime Phone #: 345 525 8880

Typed or printed name of signing Managing Member/Manager: _____