


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000016372					
1. Limited Liability Company's Name TIDES, LLC					
2. Principal Office Address - No P.O. Box # 3550 S OCEAN BLVD		3. Mailing Office Address P.O. BOX 2881		4. State/Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 06/28/2002	
City & State S PALM BEACH FL		City & State PALM BEACH FL		6. FEI Number 010727642	
Zip 33480	Country USA	Zip 33480	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name CORPORATE CREATIONS NETWORK INC.					
Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road, #221					
Suite, Apt. #, Etc.					
City Palm Beach Gardens		State FL	Zip Code 33410	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 <u><i>Valerie Hawk</i></u> Valerie Hawk, Special Secretary Date 9/25/08 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	
MGR	PJETER PALOKA	PO BOX 2881		PALM BEACH FL 33480	
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 <u><i>Valerie Hawk</i></u> Date 9/25/08 Daytime Phone # 561-694-8107 Typed or printed name of signing Managing Member/Manager PJETER PALOKA, by V.Hawk as atty-in-fact					

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT

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[Signature]

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561) 694-8107
Fax Number : (561) 694-1639

LIMITED LIABILITY REINSTATEMENT

TIDES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

\$277.50
Reinstatement
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