

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 APR 30 AM 10: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300101936283
05/09/07--01009--004 **250.00

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 203000020632

1. Limited Liability Company's Name

Tarpon Group LLC

2. Principal Office Address - No P.O. Box #

442 W. Kennedy Blvd.

Suite, Apt. #, etc.

240

City & State

Tampa, Fl.

Zip

33606

Country

USA

3. Mailing Office Address

P.O. Box 1624

Suite, Apt. #, etc.

City & State

Tampa, Fl.

Zip

33601

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida

6/9/2003

6. FEI Number

061704151

☐ 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 Jon P. Baskette

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

442 W. Kennedy Blvd.

Suite, Apt. #, Etc.

240

City

Tampa

State

FL

Zip Code

33606

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

J P Baskette

REGISTERED AGENT MUST SIGN

Date 4-18-07

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
MGRM	Jon P. Baskette	10101 Lindehan Drive	Tampa, Fl. 33618
MGRM	Michael Hamby	2440 W. Horatio St.	Tampa, Fl. 33609
MGRM	Frederick Jay Burner	5903 S. Elkins Ave.	Tampa, Fl. 33611

REINSTATEMENT 05-07

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

Michael Hamby

Date 4/18/07 Daytime Phone # 813-785-5434

Typed or printed name of signing Managing Member/Manager Michael Hamby